MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00646

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 3 mo 2 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4812 Iowa ave. N.W.

3. NAME OF DECEASED (Type or Print) (First) Abe (Middle) (Last) Abrahams

4. DATE OF DEATH (Month) Jan (Day) 30 (Year) 1952

5. SEX Male

6. COLOR OR RACE Jewish

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH ?

9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk.

10b. KIND OF BUSINESS OR INDUSTRY unk.

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Abrahams

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Daughter, Mrs Michael R. London 4701 Butterworth Pl. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of prostate c metastases

177x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 6 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28, 1951, to 1/30, 1952, that I last saw the deceased alive on 1/26, 1952, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 1/30/1952

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF 1-31-52 NAME OF CEMETERY OR CREMATORY Adas Israel LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 1-30-52 REGISTRAR'S SIGNATURE Gertrude B. Lawler

24. FUNERAL DIRECTOR B. Danzansky & son ADDRESS 3501-14 St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00647

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 mo 1 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2419 California St., N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Ezra (Middle) Griffin (Last) ALLEN
4. DATE OF DEATH: (Month) January (Day) 4, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar. 11, 1885
9. AGE last birthday: 66 yrs. If under 1 year: Months 09 Days 23 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas ALLEN
14. MOTHER'S MAIDEN NAME: Maria SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: - - - - - - - - -
17. INFORMANT AND ADDRESS: Wife: Frances T. ALLEN,

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Amyotrophic Lateral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

356.1

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 3, 1951, to Jan. 4, 1952, that I last saw the deceased alive on Jan. 4, 1952, and that death occurred at 11:40 A m., from the causes and on the date stated above.

SIGNATURE: R. G. Berry (Degree or title) LCDR, MC, USN ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED: January 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan. 8, 1952
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Jan. 4, 1952
REGISTRAR'S SIGNATURE: Edith Willington
24. FUNERAL DIRECTOR ADDRESS: Jos. Gawler's Sons Funeral Home, 1756 Pennsylvania Ave., NW, Washington, D.C.

RECEIVED
JAN 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00648

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5604 Hamilton Manor Drive

3. NAME OF DECEASED (Type or Print) (First) Adele (Middle) Christeon (Last) Anderson

4. DATE OF DEATH (Month) 1 (Day) 9 (Year) 1952

5. SEX Female
6. COLOR OR RACE Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-18-02
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Hardesty
14. MOTHER'S MAIDEN NAME Virginia Beach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Washington Sanitarium & Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized carcinomatosis (abdominal) 6 mo.

199.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 11-9-51
19b. MAJOR FINDINGS OF OPERATION gen. abdominal adenocarcinomatosis
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4, 1951, to 1-9, 1952, that I last saw the deceased alive on 1-8-, 1952, and that death occurred at 2 21 a. m., from the causes and on the date stated above.

SIGNATURE Paul V. Starr, (Degree or title) M.D. ADDRESS Takoma Park, Md. DATE SIGNED 1-9-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 11/1952
NAME OF CEMETERY OR CREMATORY George Washington Cem.
LOCATION (City, town, or county) Riggs Rd. Pr Geo Co. (State) Md.

DATE REC'D BY LOCAL REG. 1/9/52
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Arthur Wallace, ADDRESS 254 Carroll St. N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00650

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print): (First) Emilia (Middle) A (Last) Ballantine

4. DATE OF DEATH: (Month) January (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 10-26-84

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Christy

14. MOTHER'S MAIDEN NAME: Adele Field

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac Failure — 1 day

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis — 2 weeks

(c) — 2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION: c — 19b. MAJOR FINDINGS OF OPERATION: c — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): c — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: c — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): c m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ c — HOW DID INJURY OCCUR? c

22. I hereby certify that I attended the deceased from 1/24, 1952 to 1/24, 1952, that I last saw the deceased alive on 1/24, 1952, and that death occurred at 5 a m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 1/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Jan 24-52 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Prince Georges Co Md

DATE REC'D BY LOCAL REG: Jan 24-52 — REGISTRAR'S SIGNATURE: Gertrude B Fowler — 24. FUNERAL DIRECTOR: Warner E Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
FEB 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9C651

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - OLNEY
LENGTH OF STAY (In this place) 7½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #3 Rockville

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Montgomery Md COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - OLNEY
STREET ADDRESS (If rural give location) RFD#3 Rockville.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Alexander (Last) BARNSLEY

4. DATE OF DEATH (Month) January (Day) 13 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 21, 1879

9. AGE last birthday 72 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Thomas Barnsley

14. MOTHER'S MAIDEN NAME Mary Douglas Williard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs. T. A. Barnsley.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Artery Disease	2 years.
420.1	(c) Arteriosclerosis	several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1951, to January, 1952, that I last saw the deceased alive on Jan. 12, 1952, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard A. Yates Md Olney, Md 1-13-52.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE Jan 15 1952 NAME OF CEMETERY OR CREMATORY Salem LOCATION (City, town, or county) Brookeville (State) Md

DATE REC'D BY LOCAL REG. 1-15-52 REGISTRAR'S SIGNATURE Gertrude B Sawyer

24. FUNERAL DIRECTOR Roy W Barber ADDRESS Laytonsville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 22 1952
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00652

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Viers Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Viers Mill Rd.

3. NAME OF DECEASED (Type or Print) (First) ADA (Middle) B. (Last) BEANE

4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1952 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 10, 1869
9. AGE last birthday 82 yrs. If under 1 year Months 9 Days 29 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James Burroughs
14. MOTHER'S MAIDEN NAME Sarah Sheaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS 129 S. Adams St. Alva F. Beane Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute cholecystitis with vomiting	2 days
4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) myocarditis, cardiac arrhythmia	1 month
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 9, 1952, to Jan. 9, 1952, that I last saw the deceased alive on Jan. 9, 1952, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE Wm A. Linthicum (Degree or title) M.D. ADDRESS Rockville, Md. DATE SIGNED 1/9/52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 12, 1952
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) Rockville, Md. (State)

DATE REC'D BY LOCAL REG. 1-11-52
REGISTRAR'S SIGNATURE Helen S. Eckenplan
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

JAN 14 19
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00653

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7927 Wisconsin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 3162 Tennyson St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) Y (Last) Beazley
4. DATE OF DEATH (Month) 1 (Day) 29 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 3-15-1880
9. AGE last birthday 71 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Irish Young
14. MOTHER'S MAIDEN NAME Frances Kipheart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Lewis L. Beazley 3162 Tennyson St. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute Coronary Occlusion — 12 hrs.

Antecedent cause(s) (b) cardio-vascular-renal disease — 5 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease — 5 yrs.

19a. DATE OF OPERATION 12-7-51
19b. MAJOR FINDINGS OF OPERATION Fracture of right hip
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5, 1951, to 1-29, 1952, that I last saw the deceased alive on Jan. 27, 1952, and that death occurred at 8:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sidney C. Cousins, M.D. 3921 Ingomar St. N.W. Wash. D.C. 1/29/52

23. BURIAL, CREMATION REMOVAL (Specify) DATE 1/31/52
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Mausoleum
LOCATION (City, town, or county) Pr. Geo. Co. (State) Md.

DATE REC'D BY LOCAL REG. 1/29/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901-14 St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

91 654

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 9820 Kensington Pkwy

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington - Rock Creek Hills; STREET ADDRESS (If rural, give location) 9820 Kensington Pkwy

3. NAME OF DECEASED (Type or Print): (First) Marion (Middle) P. (Last) Billingsley

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 2-19-1863

9. AGE last birthday: 88 yrs. If under 1 year: Months 10 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Johnson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Byron H. Billingsley-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive heart failure	48 hours
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial degeneration	6 months
	(c) Hypertension	6 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May, 1946

19b. MAJOR FINDINGS OF OPERATION: Malignancy of intestinal tract.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 16, 1951, to 1-9, 1952, that I last saw the deceased alive on 1/8, 1952, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bruce F. Benjamin M.D. Bethesda 14, Md. 1/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Jan. 11, 1952

NAME OF CEMETERY OR CREMATORY: Oak Hill

LOCATION (City, town, or county) (State): Washington D. C.

DATE REC'D BY LOCAL REG. 1/9/52

REGISTRAR'S SIGNATURE: Bessie M. Thomas

24. FUNERAL DIRECTOR: Roberts A. Pumphrey ADDRESS: Bethesda, Md.

RECEIVED
JAN 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C0555

Reg. Dist. No. 21-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 12102 Blue Hill Road.

3. NAME OF DECEASED (Type or Print): (First) Neal (Middle) Anthony (Last) BOWLING

4. DATE OF DEATH: (Month) JAN (Day) 27 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: JAN. 22, 1952

9. AGE last birthday: ✓ yrs. If under 1 year: Months / Days 5 / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Montgomery Co. Gen. Hosp.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ray Bowling

14. MOTHER'S MAIDEN NAME: Eleanor Imogene Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Injury — | INTERVAL BETWEEN ONSET AND DEATH: 3-4 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prenatal or at birth.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 22, 1952, to JAN 27, 1952, that I last saw the deceased alive on JAN 26, 1952, and that death occurred at 12:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard A. Yates M.D. Olney Md 1-27-52

23. BURIAL, CREMATION (Specify) | DATE THEREOF JAN. 28, 1952 | NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 1/28/52 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR ADDRESS Martin W Hysong Co. 1300 N.St. NW Wash. DC.

VS/A15

RECEIVED
JUN 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00656

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 836 Bonifant St.

3. NAME OF DECEASED (Type or Print) (First) Claude (Middle) L. (Last) Bowman
4. DATE OF DEATH (Month) 1 (Day) 2 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1-3-89
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plate Printer
10b. KIND OF BUSINESS OR INDUSTRY Bureau of Engraving
11. BIRTHPLACE (State or foreign country) Seneca Mo
12. CITIZEN OF WHAT COUNTRY? Amer.
13. FATHER'S NAME William Anderson Bowman
14. MOTHER'S MAIDEN NAME Mary Elizabeth Guyman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW #1
16. SOCIAL SECURITY No. 218-24-0379
17. INFORMANT AND ADDRESS Mrs. Sarah E. Bowman, 836 Bonifant St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thoracic hemorrhage due to — 3 days

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest

(c) Alcoholism — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) street (CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 30-51-12:37 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS Kensington Md DATE SIGNED 1-2-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/5/52
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Prince George County, (State) Md.
DATE REC'D BY LOCAL REG. 1/4/52
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00657

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mima (Middle) Elizabeth (Last) Bowman

4. DATE OF DEATH (Month) Jan. (Day) 23 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Oct 9, 1864

9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Damascus, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Milton Boyer

14. MOTHER'S MAIDEN NAME Elizabeth Purdum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ----

17. INFORMANT AND ADDRESS McKendree B. Bowman, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Generalized arteriosclerosis)

(c) Senility -

INTERVAL BETWEEN ONSET AND DEATH 15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1935, to Jan 23, 1952, that I last saw the deceased alive on Jan. 23, 1952, and that death occurred at 4 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. McKendree Boyer ADDRESS M. D. Damascus, Md. DATE SIGNED Jan 24, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Jan. 26, 1952

NAME OF CEMETERY OR CREMATORY Damascus

LOCATION (City, town, or county) Damascus, (State) Md.

DATE REC'D BY LOCAL REG. Jan. 24, 1952

REGISTRAR'S SIGNATURE Della N. Burdette

24. FUNERAL DIRECTOR Olin L. Molesworth, ADDRESS Damascus, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

Item 23 FilmG139 2/4/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00658

Reg. Dist. No. 214

1. PLACE OF DEATH COUNTY: MONTGOMERY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: MONT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8603 SPRINGVALE RD.	STREET ADDRESS (If rural give location): 8603 SPRINGVALE Rd.

3. NAME OF DECEASED (Type or Print) (First) MARY	(Middle) M.	(Last) BRODERICK	4. DATE OF DEATH (Month) Jan	(Day) 26,	(Year) 1952
5. SEX: FEMALE	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: June 2, 1885	9. AGE last birthday: 66 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Washington, DC	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: JOHN O'CONNOR		14. MOTHER'S MAIDEN NAME: MARGARET BLAKE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: —	17. INFORMANT: MR. JERRY BRODERICK			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive heart disease	several years
443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Obesity)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to Jany 26, 1952, that I last saw the deceased alive on Jany 26, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John N. Andrews	M.D.	9601 Colesville Rd Silver Spring Md	1-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 1-29-52	NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.	LOCATION (City, town, or county) (State): Wash., D.C.
DATE REC'D BY LOCAL REG.: 1-27-52	REGISTRAR'S SIGNATURE: Frances Potter	24. FUNERAL DIRECTOR: W.W. Taltonwell	ADDRESS: 3619-14th St NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Oakhaven Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Takoma Park~~ Bethesda
STREET ADDRESS (If rural, give location): ~~Oakhaven Rest Home~~ 6747 Glenbrook Rd.

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) Z. (Last) BROWN

4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 27, 1871

9. AGE last birthday: 80 yrs. If under 1 year: Months 11, Days 9, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: Sidney [illegible]. Clements

14. MOTHER'S MAIDEN NAME: Eunice A. Dempster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: C.K.Berlin Bethesda, Md. 6747 Glenbrook Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Heart Failure -	48 hrs.
451X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aneurysm of Innominate Artery	5 yrs.
	(c) Arteriosclerosis, generalized	25 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour):

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1, 1952 to Jan. 6, 1952 that I last saw the deceased alive on Jan. 6, 1952 and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Hewitt Fox M.D. - 8726 Colesville Road Silver Spring, Md. Jan 6, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Jan. 9, 1952

NAME OF CEMETERY OR CREMATORY: Congressional

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 1/8/52

REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: Robert G. Pumphrey

ADDRESS: Bethesda, Md.

RECEIVED
JAN 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(11656)

Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (In this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mont. Co. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Nr. Lewisdale
STREET ADDRESS (If rural, give location) R.F.D. Monrovia

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Sarah	Elizabeth	Brown	Jan. 25 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Aug. 16, 1888	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Nr. Purdum, Md.	USA

13. FATHER'S NAME: Middleton King

14. MOTHER'S MAIDEN NAME: Frances R. Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
--	-	--	Willard H. Brown, Monrovia, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chronic glomerulonephritis	6 years
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease	6 years
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 10, 1943, to January 13, 1952, that I last saw the deceased alive on January 14, 1952, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James W. Kerr M. D.	Damascus, Md.	1/26/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 27, 1952	Mt. View	Purdum, Montg. Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-30-52	Gertrude B. Towles	Olin L. Molesworth	Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 4 1952
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 15
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 10201 Ridgemoor Dr COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs Md.
STREET ADDRESS (If rural, give location) 10201 Ridgemoor Dr. Sil Sp Md.

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) Cecelia (Last) Burgess

4. DATE OF DEATH (Month) (Day) (Year) 1/25/52 19

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1/21/1859
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Michael Ryan
14. MOTHER'S MAIDEN NAME Laura Stone.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Miss Emilt Burgess.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Exhaustion

450 0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c) Arterio Sclerosis

[redacted] ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1st, 1952, to Jan 25, 1952, that I last saw the deceased alive on Jan 24, 1952, and that death occurred at 4.45 A.m., from the causes and on the date stated above.

SIGNATURE Caryl Burbaull (Degree or title) ADDRESS 1801 Eye St DATE SIGNED 1.25.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/28/52
NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery
LOCATION (City, town, or county) (State) Washington D.C.

DATE REG'D BY LOCAL REG. 1/25/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR W. H. Huntemann & Son ADDRESS

RECEIVED
JAN 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Potomac; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine View Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Potomac; STREET ADDRESS (If rural, give location) Rockville, RFD, Md.

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) T. (Last) BUTLER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 11, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 23, 1869

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: Us

13. FATHER'S NAME: Charles M. Butler

14. MOTHER'S MAIDEN NAME: Frances Spates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Earl Stearn- Rockville, Md.RFD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 3 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic heart disease with coronary sclerosis - 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. amputation right leg at mid thigh, for arterial thrombosis about Nov. 15, 1951 — 2 months

19a. DATE OF OPERATION: about Nov. 15, 1951

19b. MAJOR FINDINGS OF OPERATION: arterial thrombosis, right leg.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 28, 1951, to Jan. 11, 1952 that I last saw the deceased alive on Jan. 10, 1952, and that death occurred at 8:50 A. m., from the causes and on the date stated above.

SIGNATURE: Wm A. Linthicum (Degree or title) M. D. ADDRESS: Rockville, Md. DATE SIGNED: Jan. 11, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-14-52

NAME OF CEMETERY OR CREMATORY: Monocacy

LOCATION (City, town, or county) (State): Beallsville, Md.

DATE REC'D BY LOCAL REG. 1-14-52

REGISTRAR'S SIGNATURE: Helen L. Eberly

24. FUNERAL DIRECTOR: Robert E. Tenney ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: 4663
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 4616 Windom Place N.W.

3. NAME OF DECEASED: (Type or Print) (First) Leo (Middle) Anthony (Last) Callaghan
4. DATE OF DEATH: (Month) Jan (Day) 21 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: March 1 1899
9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Structural Engineering
11. BIRTHPLACE (State or foreign country): Steelton Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Dennis F. Callaghan
14. MOTHER'S MAIDEN NAME: Margaret Monaghan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes — (If Yes, give war or dates of service) World War I - 1918-
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Margaret Callaghan - 4616 Windom pl. N.W. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	Dec. 1951
429.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Acute myocardial infarction	Dec. 1951
	DUE TO (c) Coronary heart disease	July 1950

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — 20 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13/51, 19..., to 1/21/52, 19..., that I last saw the deceased alive on 1/20/52, 19..., and that death occurred at 8:55 A.M., from the causes and on the date stated above.

SIGNATURE Bernard J. Walsh — (DEGREE OR TITLE) MD — ADDRESS 900 17th Street, N.W., Washington 6, D. C. — DATE SIGNED 1/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL - Burial — DATE THEREOF 1/24/52 — NAME OF CEMETERY OR CREMATORY Arlington Natl — LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 1/21/52 — REGISTRAR'S SIGNATURE Louise M. Thompson

24. FUNERAL DIRECTOR DeVol Funeral Home — ADDRESS 2224 Wisconsin Washington, D.C.

VS. A15 8-51

RECEIVED
JAN 23 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-41

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00664

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery County General

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City (rural)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Charles Carroll Jr.
4. DATE OF DEATH (Month) (Day) (Year): 1-1-52 19
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-27-1903
9. AGE last birthday: 48 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer
10b. KIND OF BUSINESS OR INDUSTRY: Lawyer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Carroll
14. MOTHER'S MAIDEN NAME: Mary Randol
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Anne D. Carroll, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cachexia — 1 month

16 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchogenic carcinoma, rt. lung — 6 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 25, 1951
19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma, right lung
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1951, to Jan 1, 1952, that I last saw the deceased alive on Jan 1, 1952, and that death occurred at 7 15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker M.D. — ADDRESS: Clarksville, Md. — DATE SIGNED: Jan 2, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1-3-52 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 1-3-52 — REGISTRAR'S SIGNATURE: Gertrude B Lawler — 24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00665

Reg. Dist. No. ____

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg — LENGTH OF STAY (In this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Asbury Methodist Home — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Ophilia (Last) Clifton

4. DATE OF DEATH (Month) Jan (Day) 8 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Oct 24-1859
9. AGE last birthday: 92 yrs. — If under 1 year: Months 2, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner & Operator of Rooming House
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Gates Co., North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Elbert Parker
14. MOTHER'S MAIDEN NAME: Sarah E. Wilteer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT: Herman M. Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute parenchymatous nephritis 3/5/51 to 1-8-52

176X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epithelioma Vagina 11/23/51 to 1-8 1952

(c) Dimenty (?)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from ....., 19....., to Jan-8-, 1952, that I last saw the deceased alive on ....., 19....., and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William C. Miller M.D., 7 Brookside, Gaithersburg, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Jan 11-52
NAME OF CEMETERY OR CREMATORY: Woodlawn
LOCATION (City, town, or county) (State): Woodlawn Md

DATE REC'D BY LOCAL REG.: 1-11-52
REGISTRAR'S SIGNATURE: ✓
24. FUNERAL DIRECTOR ADDRESS: Mamie Cook Syfer 1600 W North Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AID 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda

LENGTH OF STAY (in this place): 25 min.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda

STREET ADDRESS (If rural, give location): 6054 River Road

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) (Last) Clipper

4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Apr. 14 1898

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Diggs

14. MOTHER'S MAIDEN NAME: Unknown ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Clere Clipper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocardial insufficiency	one year
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Chronic hypertension & arterio-sclerosis	10 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1952, to Jan. 12, 1952, that I last saw the deceased alive on Jan. 12, 1952, and that death occurred at 5 P. M., from the causes and on the date stated above.

SIGNATURE: Wheeler O. Huff (DEGREE OR TITLE) M.D. ADDRESS: 4529 Maple Ave, Bethesda-Md. DATE SIGNED: 1/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/15/52 — NAME OF CEMETERY OR CREMATORY: Seneca — LOCATION (City, town, or county) (State): Seneca, Md.

DATE REC'D BY LOCAL REG. 1/15/52 — REGISTRAR'S SIGNATURE: Rosalie M. Thompson — **24. FUNERAL DIRECTOR** ADDRESS: Robert L. Snowden — Rockville, Md.

JAN 1
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00667

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: New York COUNTY: Manhattan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 2 yr. 11 mo. 10 das.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New York City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital	STREET ADDRESS (If rural, give location): Sulgrave Hotel

3. NAME OF DECEASED (Type or Print)	(First) Arthur	(Middle) Byron	(Last) COOK	4. DATE OF DEATH	(Month) January (Day) 11, (Year) 1952
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: Dec. 11, 1881	9. AGE last birthday: 70 yrs.	If under 1 year: Months 01, Days 00; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer	10b. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY	11. BIRTHPLACE (State or foreign country): Indiana	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Not known	14. MOTHER'S MAIDEN NAME: Not known				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I, II	16. SOCIAL SECURITY No.: - - - - - -	17. INFORMANT AND ADDRESS: Son: Hobart A. H. COOK, Woodbury Road, Woodbury, L.I., New York			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho-pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Emphysema	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1949, to Jan. 11, 1952, that I last saw the deceased alive on Jan. 11, 1952, and that death occurred at 7:05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. O. CANADA, Jr., CDR, MC, USN		U.S. NAVAL HOSPITAL, BETHESDA, MD.	Jan. 11, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 15, 1952	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 11, 1952	Edith Whittington	Jos. Gawler's Funeral Home, 1756 Penn. Avenue, NW, Washington, D.C.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUCKS V. S.
JAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00668

Reg. Dist. No. 218

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Rur.~~ Gaithersburg, Md.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) A (Last) Cronk

4. DATE OF DEATH (Month) January (Day) 25 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Oct-10-1865
9. AGE last birthday: 86 yrs. — If under 1 year: Months 3, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired - Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Robert A. Hart
14. MOTHER'S MAIDEN NAME: Carolin L. Cronk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Herman M. Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute heart failure — 15 minutes

Antecedent cause(s) (b) Cholecystitis — 48 hours

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) High arterial tension, Cardiac hypertrophy — 8-9 years

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Pagets disease right pelvis & right hip — ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐: —
HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from May 24, 1951, to Jan 25, 1952, that I last saw the deceased alive on Jan 25, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE: William C. Miller M.D. (Degree or title) — ADDRESS: 7 Brooks Ave. Gaithersburg, Md — DATE SIGNED: 1-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/28/52 — NAME OF CEMETERY OR CREMATORY: Toytoseville Cemetery — LOCATION (City, town, or county) (State): Toytoseville Md

DATE REC'D BY LOCAL REG.: Jan 26, 1952 — REGISTRAR'S SIGNATURE: Almeda G. Cooke

24. FUNERAL DIRECTOR: E. C. Gartner — ADDRESS: Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 29 1952
BUREAU V. S.

Item 3 FilmG139 2/15/62 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY MONTGOMERY — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRINGS; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 10036 TENBROOK RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY MONTGOMERY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRINGS; STREET ADDRESS (If rural, give location) 10036 TENBROOK RD.

3. NAME OF DECEASED (Type or Print): (First) KARL (Middle) S (Last) CUSSLER

4. DATE OF DEATH: (Month) JAN. (Day) 25 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 10 MAY 1887

9. AGE last birthday: 65 yrs. — If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIREMAN.

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: KARL S CUSSLER

14. MOTHER'S MAIDEN NAME: JULIA PITTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: IRMA C BELT 10036 TENBROOK RD SILVER SPRING

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

511.0 Immediate cause (a) Acute Cardiac Dilitation — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia, acute. — 7 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Bronchial asthma — 12 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/18/52 19..... to 1/25/52 19....., that I last saw the deceased alive on 1/25/52 19....., and that death occurred at 3:15 A. m., from the causes and on the date stated above.

SIGNATURE: James G. O'Keeffe (Degree or title) M.D. ADDRESS 5315-16-N.W. West DC DATE SIGNED 1/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 1/28/52 | NAME OF CEMETERY OR CREMATORY Prospect Hill | LOCATION (City, town, or county) Washington (State) DC

DATE RECEIVED BY LOCAL REG. 2/5/52 | REGISTRAR'S SIGNATURE Frances Potter | 25. FUNERAL DIRECTOR AND ADDRESS W.S. H. Ames Co. 2901 14th ST N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 20670

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 1 mo 22 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Florida — COUNTY: Dade
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Miami, Rural
STREET ADDRESS (If rural, give location): Box 612, Route # 5

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	Litwin	DALON	January	14,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Dec. 17, 1905	46 yrs.	00	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? US(N)

13. FATHER'S NAME: Adam LITWIN
14. MOTHER'S MAIDEN NAME: Agnes Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: - - - - - - - - -
17. INFORMANT AND ADDRESS: Son: Caston C. DALON, Officers' Quarters, Naval Air Station, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) LEUKEMIA, MYELOGENOUS, CHRONIC — 1 yr.

204.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 22, 1951, to Jan. 14, 1952, that I last saw the deceased alive on Jan. 14, 1952, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. E. REITZ, CDR, MC, USN — ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED: January 15, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Jan. 15, 1952		Wilkes-Barre, Pennsylvania

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
Jan. 15, 1952	Elsie Whittington	R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

VS. A15

JAN 18 19
BUREAU No. 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00671

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp. Takoma Park Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4582 McArthur Blvd. N.W.

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) Charles Ellis (Last) Daniel
4. DATE OF DEATH (Month) 1 (Day) 7 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) —
8. DATE OF BIRTH 1-6-52
9. AGE last birthday — yrs. If under 1 year Months Days If under 24 hrs. Hours 6 Min. 38
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR IND[redacted]
11. BIRTHPLACE (State or foreign country) Takoma Park Md.
12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME Lawrence Brady Daniel
14. MOTHER'S MAIDEN NAME Kathryn Ann McGrath
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity - 25 weeks.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1952, to 1-7, 1952, that I last saw the deceased alive on 1-4, 1952, and that death occurred at 12:25 a.m., from the causes and on the date stated above.

SIGNATURE Paul Eanet (Degree or title) MD. ADDRESS 4847-20 Ave Wash. D.C. DATE SIGNED 1-7-52

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 1-7-52
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 1/7/52
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S.H. Hines Co. Washington D.C. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(0657?) Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place) 14 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 8526 Park Hill Dr.

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) Mae (Last) Diehl

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 19 52

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 8, 1876

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months 9 Days 1 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Raleigh, North Carolina

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Walter Scott Tucker

14. MOTHER'S/MAIDEN NAME: Mary Eleanor Hutchins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mary E.D. Wilson - Same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 14 hrs

420.1 **Antecedent cause(s)** DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 19 5., to Jan. 9, 19 52, that I last saw the deceased alive on Jan 8, 19 52, and that death occurred at 2:40 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Dr Joseph P Kinnick ADDRESS 1942 Wisconsin Line, Bethesda Md. DATE SIGNED 1-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-transit

DATE THEREOF 1-10-1952

NAME OF CEMETERY OR CREMATORY Oakwood

LOCATION (City, town, or county) (State) Wake Co. North Carolina

DATE REC'D BY LOCAL REG. 1/9/52

REGISTRAR'S SIGNATURE Beadie M. Thompson

24. FUNERAL DIRECTOR Robert G. Humphreys ADDRESS Bethesda, Md.

VS. A15 8-51

RECEIVED
JAN 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

9673

Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Brookville Md
LENGTH OF STAY (In this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Sand Brookville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Isaiah	S	Dorsey	January	6	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify)	8. DATE OF BIRTH	9. AGE last Birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	Colored		March 1 1877	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Cabinet Maker		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nelson Dorsey	Rosa Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	[illegible]	Maud A Dorsey Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Passive Congestion, Epistaxis 4 years

(c) Cardiorenal disease & Edema 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April 13 1947 to Jan 6 1952 that I last saw the deceased alive on Jan 6 1952 and that death occurred at 10:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Webster Sewell, M.D.	Silver Spring Md	1-7-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 10 1952	Brookgrove	Laytonsville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-9-52	Gertrude B Lawler	Roy W Barber	Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN 15 1952

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00674

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood
LENGTH OF STAY (In this place) 0
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route 240

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Richard (Last) Douglass
4. DATE OF DEATH (Month) Jan (Day) 26 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept 2 1936
9. AGE last birthday 15 yrs. If under 1 year Months 4 Days 24 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy
10b. KIND OF BUSINESS OR INDUSTRY 2
11. BIRTHPLACE (State or foreign country) Mt Vernon Ohio
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John S. Douglass
14. MOTHER'S MAIDEN NAME Irene Lattimore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS John S Douglass - Washington Grove Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal abdominal hemorrhage — 20 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rupture of spleen — 20 min

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Derwood (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 26-52 6:10 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by bus while riding bicycle

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-26-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/29/52
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) Gaithersburg (State) Md

DATE REC'D BY LOCAL REG. Jan 28, 1952
REGISTRAR'S SIGNATURE Alfreda G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gaither Gaithersburg Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 136 W. Leland St.

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Joseph (Last) Downey
4. DATE OF DEATH: (Month) Jan. (Day) 19 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 2, 1890
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months 4 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Advertising
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Downey
14. MOTHER'S MAIDEN NAME: Agnes O'Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Mrs. Adelia Downey - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized peritonitis
541.1 DUE TO
Antecedent cause(s) (b) Ruptured Duodenal ulcer
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-18, 1952, to 1-19, 1952, that I last saw the deceased alive on 1-19, 1952, and that death occurred at 8:08 A.m., from the causes and on the date stated above.

SIGNATURE W. J. Joyce (DEGREE OR TITLE) M.D. ADDRESS 546 Maple Ridge Rd Bethesda, Md DATE SIGNED 1-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 1-22-52 NAME OF CEMETERY OR CREMATORY Rock Creek LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 1/22/52 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A10 8-51

JAN 24
BUR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rual — LENGTH OF STAY (in this place) 5 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS (If rural, give location) 1200 Lebanon Street

3. NAME OF DECEASED (Type or Print) Harold (First) (none) Erick (Middle) (none) Alexander (Last) DRAEGER				4. DATE OF DEATH (Month) (Day) (Year) January 23, 1952	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Jan. 18, 1952	9. AGE last birthday 00 yrs.	If under 1 year Months 00 Days 04 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Rupert H. DRAEGER			14. MOTHER'S MAIDEN NAME Gay GARVER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - -	16. SOCIAL SECURITY NO. - - - - - - - -		17. INFORMANT AND ADDRESS Father: Rupert H. DRAEGER,		

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Atelectasis	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Prematurity	
(c)	Immaturity	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 18, 1952, to Jan. 23, 1952, that I last saw the deceased alive on Jan. 23, 1952, and that death occurred at 5:05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P. G. HOVEMAN, LTJG, MC, USN		U.S. NAVAL HOSPITAL, BETHESDA, MD.	Jan. 24, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Disposal	DATE THEREOF Jan. 25, 1952	NAME OF CEMETERY OR CREMATORY USN Medical School	LOCATION (City, town, or county) (State) Bethesda, Maryland
DATE REC'D BY LOCAL REG. Jan. 2' 1952	REGISTRAR'S SIGNATURE Edith Whellington	24. FUNERAL DIRECTOR NONE	ADDRESS

2.01 2 ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural; LENGTH OF STAY (in this place): 22 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY: District of Columbia; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): Wardman Park Hotel

3. NAME OF DECEASED (Type or Print): (First) Barron (Middle) Potter (Last) DuBOIS

4. DATE OF DEATH: (Month) January (Day) 3, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Apr. 18, 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months 08, Days 15; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Francis L. DuBOIS

14. MOTHER'S MAIDEN NAME: Clara M. R. BUCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT AND ADDRESS: Wife: Helen C. DuBOIS,

18. MEDICAL CERTIFICATION: Same as Item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PERIPHERAL VASCULAR COLLAPSE WITH CARDIAC DECOMPENSATION.	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	20 yrs.
	(c) ARTERIOSCLEROSIS	20 yrs.

422.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 3, 1952

19b. MAJOR FINDINGS OF OPERATION: Benign prostatic hyperplasia

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 11, 1951, to Jan 3, 1952, that I last saw the deceased alive on Jan. 3, 1952, and that death occurred at 2:50 P m., from the causes and on the date stated above.

SIGNATURE: R. N. Webster (Degree or title) ADDRESS: LT R. N. WEBSTER, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED: Jan. 4, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Cremation; DATE THEREOF: Jan. 5, 1952; NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory; LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG.: Jan. 4, 1952

REGISTRAR'S SIGNATURE: Robert L. Whittington

24. FUNERAL DIRECTOR ADDRESS: Hysong Funeral Home, 1300 N St., NW, Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00678

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elijah (Middle) (Last) Duffin

4. DATE OF DEATH (Month) Jan (Day) 22 (Year) 1952

5. SEX Male — 6. COLOR OR RACE Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH Mar 30 1892 — 9. AGE last birthday 59 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer — 10b. KIND OF BUSINESS OR INDUSTRY Houseman — 11. BIRTHPLACE (State or foreign country) Boyd, Maryland — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George E. Duffin — 14. MOTHER'S MAIDEN NAME Sarah — Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #1 — 16. SOCIAL SECURITY No. none — 17. INFORMANT AND ADDRESS Mrs Emma Duffin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal hemorrhage due to — 20 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) crushed Chest

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) street — (CITY OR TOWN) Rockville (COUNTY) Monty (STATE) md

TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 22-52-7:40 P.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brosehart M.D. — ADDRESS Gaithersburg Md — DATE SIGNED 1-22-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/28/52 — NAME OF CEMETERY OR CREMATORY Arlington Nat — LOCATION (City, town, or county) Arlington, Va (State)

DATE REC'D BY LOCAL REG. 1-28-52 — REGISTRAR'S SIGNATURE H. S. Eckenfelder — 24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00679

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY: District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2243 Shannon Place, S.E.

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) (none) (Last) duMONT
4. DATE OF DEATH: (Month) January (Day) 13, (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Jan. 11, 1952	00 yrs.	00	02		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Sidney duMONT
14. MOTHER'S MAIDEN NAME: Katharine [redacted]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: - - - - - - - - -
17. INFORMANT AND ADDRESS: Father: Sidney duMONT,

18. MEDICAL CERTIFICATION: same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Persistant Atelectasis	
762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Immaturity and Prematurity	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1952, to Jan. 13, 1952, that I last saw the deceased alive on Jan. 13, 1952, and that death occurred at 6:52 A.m., from the causes and on the date stated above.

SIGNATURE: Paul Kaufman (Degree or title) ADDRESS: P. KAUFMAN, LT, MCR, USNR U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED: January 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Disposal	Jan. 14, 1952	USN Medical School	Bethesda, Maryland.

DATE REC'D BY LOCAL REG.: Jan. 14, 1952
REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR ADDRESS: NONE

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JAN 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OLNEY
LENGTH OF STAY (in) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) R# 1

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) (Last) Evel y
4. DATE OF DEATH: (Month) January (Day) 8 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6/1
9. AGE last birthday: 79 ? yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Wesley Duvall
14. MOTHER'S MAIDEN NAME: Catherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemia — days

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Artiro Sclerosis Nephritis — 2

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/17, 1951, to 1/21, 1952, that I last saw the deceased alive on 1/7, 1952, and that death occurred at 2:25 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M D Gaithersburg 1/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan 11 1952
NAME OF CEMETERY OR CREMATORY: Mt Zion
LOCATION (City, town, or county) (State): Etchison Md

DATE REC'D BY LOCAL REG. 1-9-52
REGISTRAR'S SIGNATURE: Gertrude B Lawler
24. FUNERAL DIRECTOR: Roy W. Barber
ADDRESS: Poolesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00681

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 0
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethesda Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) R.F.D. #3

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Thomas (Last) Federline
4. DATE OF DEATH (Month) Jan (Day) 15 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-24-27
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.G.
13. FATHER'S NAME Lewis F. Federline
14. MOTHER'S MAIDEN NAME Minnie Kramer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-24-1190
17. INFORMANT Raymond Smallwood - Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture of Cervical Vertebrae with trauma of cord — INTERVAL BETWEEN ONSET AND DEATH: 30 min

825.4

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway (CITY OR TOWN) Gaithersburg R-3 (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 15-52-6:18 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosehart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-15-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 18, 1952
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) (State) Rockville, Maryland
DATE REC'D BY LOCAL REG. 1/17/52
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06682

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, 4
STREET ADDRESS (If rural, give location) Rockville Pike

3. NAME OF DECEASED (Type or Print): (First) Mathilde (Middle) McIntyre (Last) Ferguson
4. DATE OF DEATH: (Month) January (Day) 26 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 29, 1871
9. AGE last birthday: 80 yrs. If under 1 year: Months 2, Days 27; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Cranch McIntyre
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: James D. Ferguson-Same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Infarction	4 weeks
Antecedent cause(s)	(b) Chronic Myeloganous Leukemia	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Fracture right femur	38 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 23 Dec 51
19b. MAJOR FINDINGS OF OPERATION: Fracture femur - plate applied
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Fractured femur
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Rockville
(COUNTY): Montgomery
(STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 19 51 10 a.m.
INJURY OCCURRED While at Work ☐ Not While At work X
HOW DID INJURY OCCUR? Turned & fell in chair slipped off floor

22. I hereby certify that I attended the deceased from 19 Dec., 1951, to 26 Jan. 1952 that I last saw the deceased alive on 26 Jan., 1952, and that death occurred at 10:06 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W B Humphrey MD
ADDRESS: Rockville Md
DATE SIGNED: 27 Jan 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 1-29-1952
NAME OF CEMETERY OR CREMATORY: St. Mary's
LOCATION (City, town, or county) (State): Rockville Maryland

DATE REC'D BY LOCAL REG. 1/28/52
REGISTRAR'S SIGNATURE: Bessie M. Simpson
24. FUNERAL DIRECTOR: Robert A. Humphrey
ADDRESS: Bethesda, Md.

VS A15

RECEIVED
JAN 31 1952
BUREAU V. S.

REPL. CEMEN C.R.; Dr.Hillman's cer.filmed G139 1-21-52 L

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00683

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 905 Newhall St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 905 Newhall St.

3. NAME OF DECEASED (Type or Print) (First) Isreal (Middle) Benjamin (Last) Fine

4. DATE OF DEATH (Month) Jan (Day) 13 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-15-1883
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lithuania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin Fine
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Joe Fine - 5907 Knollbrook Dr. Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden
420 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐; thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brockhart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 1-13-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/14-1952
NAME OF CEMETERY OR CREMATORY Geo Wash Memorial
LOCATION (City, town, or county) Hyattsville Md. (State)

DATE REC'D BY LOCAL REG. 1-14-52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Goldberg Funeral Home
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

differing cause of death; Dr. Broschart(s letter filmed also etc 1/21/52
Filed: corres. under FINE 1/21/52 L
G139 L

Item 23 Fil.G139 2/1/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00684

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring RFD #2
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs Jolliffe's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Washington~~ COUNTY District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3046 - N St. N.W.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) H. W. (Last) Fletcher
4. DATE OF DEATH (Month) Jan (Day) 26 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, WIDOWED (Specify), DIVORCED,
8. DATE OF BIRTH Oct 31, 1866
9. AGE last birthday 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John H Fletcher
14. MOTHER'S MAIDEN NAME Caroline Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mary E. Reynolds - 3046 - N St NW Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	18 hrs
420 D Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	several years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) none (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Jan 25, 1952, to Jan 26, 1952, that I last saw the deceased alive on Jan 25, 1952, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE John Lawrence Avery (Degree or title) M.D. ADDRESS 10110 Georgia Ave Silver Spring Md DATE SIGNED Jan 26 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1-29-52
NAME OF CEMETERY OR CREMATORY Rock Creek Cem.
LOCATION (City, town, or county) Washington, DC (State)
DATE REC'D BY LOCAL REG. 1/26/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Jos F Buchi Sons ADDRESS 3054 Mst NW 7

Medical Examiner notified by phone
Permission to bury granted

John L. Avery, M.D.

RECEIVED
APR 29 1952

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville - Route 4 Maryland
STREET ADDRESS (If rural, give location) Cedar Grove

3. NAME OF DECEASED (Type or Print) (First) Maurice (Middle) (Last) Fraley
4. DATE OF DEATH (Month) 1 (Day) 6 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 16, 1895
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Fraley
14. MOTHER'S MAIDEN NAME Hinda Adamson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) n (If yes, give war or dates of service) n
16. SOCIAL SECURITY NO. m
17. INFORMANT AND ADDRESS Mable Fraley Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Congestive Heart Failure	4 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic Myocarditis	1 yr
(c)	Arteriosclerotic Heart Disease	3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastritis following peptic ulcer; Chronic Cholecystitis - Urethral Stricture

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949, to Jan 6, 1952, that I last saw the deceased alive on Jan 6, 1952, and that death occurred at 6 45 p.m., from the causes and on the date stated above.

SIGNATURE C. H. Sigon (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 1/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 9 - 1952
NAME OF CEMETERY OR CREMATORY Laytonsville Md
LOCATION (City, town, or county) Montgomery Co Md (State)
DATE REC'D BY LOCAL REG. 1-9-52
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

RECEIVED
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BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00686

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10725 Georgia Ave Silver Spring Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10725 Georgia Ave

3. NAME OF DECEASED (Type or Print) (First) Josephine (Middle) Wilhelmina (Last) Frank

4. DATE OF DEATH (Month) Jan (Day) 24 (Year) 1952

5. SEX —

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Jan-2 1872

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Covington Ky.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Sellar

14. MOTHER'S MAIDEN NAME Belvina Bolo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS W. A. Frank 10725 Georgia Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure — 24 hours

4343 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility — Chronic pulmonary congestion

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23, 1952, to Jan 24, 1952, that I last saw the deceased alive on Jan 24, 1952, and that death occurred at 2 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John F. Harrington MSL ADDRESS 3810-12 NE Wash. DATE SIGNED 1/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1/26/52 NAME OF CEMETERY OR CREMATORY St. Johns Cemetery LOCATION (City, town, or county) Forest Glen Md (State)

DATE REC'D BY LOCAL REG. 1/24/52 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Timothy Hanlon ADDRESS 3881 - Ga Ave Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00688 Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 6 days + 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 582 Beacon Road

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Oakley (Last) Gainey

4. DATE OF DEATH: (Month) 1 (Day) 7 (Year) 1952

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 30, 1870

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Henry Oakley

14. MOTHER'S MAIDEN NAME: Katherine De Witt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) – (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: –

17. INFORMANT & ADDRESS: Mrs. Mary Moyer Granddaughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis.
422.1 DUE TO
Antecedent cause(s) (b) Arterio-sclerosis –
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral vascular thrombosis, Left lower lobe bronchial pneumonia, inanition, esophagitis & mediastinitis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1952, to 1-7, 1952, that I last saw the deceased alive on 1-6, 1952, and that death occurred at 12:55 A.m., from the causes and on the date stated above.

SIGNATURE Alfred S. Norton (DEGREE OR TITLE) M.D. ADDRESS 546 Maple Ridge Road Bethesda Md. 1/7/52 DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1/8/52

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Columbia S. Carolina

DATE REC'D BY LOCAL REG. 1/7/52

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 1400 - Chapin St.

D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C0714

CERTIFICATE OF DEATH

Reg. Dist. No. 223

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. | LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairfax
STREET ADDRESS (If rural, give location) Mill Creek Park.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Virginia (Last) Garman.
4. DATE OF DEATH: (Month) (Day) (Year) 1 2 1952

5. SEX: Female. 6. COLOR OR RACE: Caucasian. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married. 8. DATE OF BIRTH: 6-14-99. 9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife. 10b. KIND OF BUSINESS OR INDUSTRY. 11. BIRTHPLACE (State or foreign country): Philadelphia Penn. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wellans Hines. 14. MOTHER'S MAIDEN NAME: Sally M. Frances.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service). 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS: Hospital Chart.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Softening of brain	?
4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	?
	(c) Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION. 19b. MAJOR FINDINGS OF OPERATION. 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify). PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1951, to Jan 1, 1952, that I last saw the deceased alive on Jan 1, 1952, and that death occurred at 5:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert A Hare M.D. Takoma Park, Md. 1/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE THEREOF: 1/6/52. NAME OF CEMETERY OR CREMATORY: Arlington Nat Cem. LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG. 1/7/52. REGISTRAR'S SIGNATURE: J. Hilton Dodd. 24. FUNERAL DIRECTOR: Wm Osburn & Son. ADDRESS: Alx va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00687

CERTIFICATE OF DEATH

Reg. Dist. No. 7

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place): 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maple Lane Rest Home	STREET ADDRESS (If rural, give location): 1709 Forest Glen Road

3. NAME OF DECEASED (Type or Print)	(First) BESSIE	(Middle) C.	(Last) GEIGER	4. DATE OF DEATH	(Month) Jan. 16 (Day) (Year) 1952
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Feb. 20, 1904	9. AGE last birthday: 47 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Washington, D. C.	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME: Walter Lewis Caddington	14. MOTHER'S MAIDEN NAME: Alice E. Ward				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Maurice Geiger, 1709 Forest Glen Road, SS.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY THROMBOSIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CEREBRAL HEMORRHAGE

(c) ESSENTIAL HYPERTENSION

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify): NONE	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1952, to 1-16, 1952, that I last saw the deceased alive on 1-16, 1952, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry M. Lowden	M.D.	1603 19th ST. N.W. Washington, D.C.	1/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Jan. 18, 1952	NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery	LOCATION (City, town, or county) (State): Prince George's Co., Md.
DATE REC'D BY LOCAL REG.: 1-[illegible]-52	REGISTRAR'S SIGNATURE: Frances Potter	24. FUNERAL DIRECTOR: Warner E. Pumphrey	ADDRESS: Silver Spring, Md.

RECEIVED
JAN 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06689

Reg. Dist. No. 15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 10 6th Street, N.E.

3. NAME OF DECEASED (Type or Print): (First) (none) Kino (Middle) (none) Dominic (Last) GENARIE

4. DATE OF DEATH: (Month) January (Day) 18, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 17, 1952

9. AGE last birthday: 00 yrs. ✓; If under 1 year: Months 00, Days 00; If under 24 hrs.: Hours 20, Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Elmer Don GENARIE

14. MOTHER'S MAIDEN NAME: Helen Bernette QUINTANO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - - - - -

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT AND ADDRESS: Father: Elmer D. GENARIE,

18. MEDICAL CERTIFICATION: same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Prematurity

(c) Immaturity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17, 1952, to Jan. 18, 1952, that I last saw the deceased alive on Jan. 18, 1952, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE: P. G. Hoveman — (Degree or title): P. G. HOVEMAN, LTJG, MC, USN — ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED: Jan. 20, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 21, 1952 — NAME OF CEMETERY OR CREMATORY: USN Medical School — LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG.: Jan. . 1952 — REGISTRAR'S SIGNATURE: Ellen Whittington

24. FUNERAL DIRECTOR — ADDRESS: NONE

01 21

RECEIVED
JAN 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00690

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 302 Indian Spring Drive

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — STREET ADDRESS (If rural, give location): 302 Indian Spring Drive

3. NAME OF DECEASED (Type or Print): (First) MARCY (Middle) STEVENS (Last) GILL

4. DATE OF DEATH: (Month) Jan. (Day) 23, (Year) 1952

5. SEX: Femald

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11/19/1876

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vet. adm. Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Government

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Stevens

14. MOTHER'S MAIDEN NAME: Annie Washburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. James W. Gill, 9501 Columbia Blvd. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — Interval between onset and death: Jan 18 1952

420 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Coronary Insufficiency — 1 year +

(c) Arterio-Sclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1944, to Jan 23, 1952, that I last saw the deceased alive on Jan 23, 1952, and that death occurred at 1:30 m., from the causes and on the date stated above.

SIGNATURE: Grace E. Burns M.D. (Degree or title) — ADDRESS: 1801 - Eye St N.W. Washington DC — DATE SIGNED: Jan 23 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/25/52 — NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery — LOCATION (City, town, or county) (State): Washington, D. C

DATE REC'D BY LOCAL REG.: 1/25/52 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warren E. Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
JAN 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

691

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 1311 Florida Ave. N.E.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) — (Last) Giove
4. DATE OF DEATH: (Month) Jan. (Day) 1 (Year) 1952
5. SEX: F
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-18-78
9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? Italy
13. FATHER'S NAME: Joseph Mazzei
14. MOTHER'S MAIDEN NAME: Theresa Romiento
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Patients Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia — 3-4 days

592 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial Asthma of Arteriosclerosis — ?

(c) Cor pulmonale

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/28/51, to 1/1/52, that I last saw the deceased alive on 1/1/52, and that death occurred at 12:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. A. Horton, M.D. 5 Underwood St NW 1/1/52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

1/4/52 — Forest Glen — Forest Glen — Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

1/4/52 — J. Hobson Dodd — The S. H. Hines Co. — 2901 14th St. N.W. Washington, D.C.

VS. A13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00692

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 203 W. Montg. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 203 W. Montg. Ave.

3. NAME OF DECEASED (Type or Print): (First) Barbara (Middle) — (Last) Grant

4. DATE OF DEATH (Month) (Day) (Year): Jan. 19 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 18, 1861

9. AGE last birthday: 90 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hugh Adams

14. MOTHER'S MAIDEN NAME: Barbara Tyall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs Helen McKay 203 W. Montg Ave Rockville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertension -	20 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis -	20 years
	(c) Congestive Heart Failure	One year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Jan 19, 1952, that I last saw the deceased alive on Jan. 18, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
G. S. Rasenberger M.D. Rockville Md 1/19/52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation — DATE THEREOF 1-19-52 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cem — LOCATION (City, town, or county) Suitland, Md (State)

DATE REC'D BY LOCAL REG. 1-19-52 — REGISTRAR'S SIGNATURE Helen D. Eckenrode (for BJB) — 24. FUNERAL DIRECTOR — ADDRESS Robert C. Humphrey Bethesda, Md

RECEIVED
JAN 3 1902
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00693

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy [illegible]
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] Dorset Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 707 Dorset Ave

3. NAME OF DECEASED (Type or Print) (First) Morris (Middle) Creoling (Last) Gregory
4. DATE OF DEATH (Month) Jan. (Day) 12 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Sept 5 1894
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Ceramics
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Morris Erwin Gregory
14. MOTHER'S MAIDEN NAME Anna Creoling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Daughter - Mrs Dorothy Mueller Rt 12 Box 86 Houston, Texas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Rectum c̄ generalized

154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastases

(c)

INTERVAL BETWEEN ONSET AND DEATH 9 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April 1951
19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectum
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1951, to Jan, 1952, that I last saw the deceased alive on Jan 11, 1952, and that death occurred at 1:55 a.m., from the causes and on the date stated above.

SIGNATURE Charles [illegible] (Degree or title) M.D. ADDRESS 1226 M St, NW, Wash, DC DATE SIGNED Jan 12, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF JAN. 12, 1952 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) Suitland, Maryland (State)

DATE REC'D BY LOCAL REG. 1/15/52 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jos. Gawler's Sons, Wash, DC. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00694

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Echo Heights — LENGTH OF STAY (In this place): Working
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rear 5700 Block Mass. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 812 - 26th St., N. W.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Gross
4. DATE OF DEATH: (Month) Jan (Day) 14th (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Mar. 2, 1894
9. AGE last birthday: 57 yrs. — If under 1 year: Months 10, Days 12 — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Oxen Hill, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-14-5370
17. INFORMANT AND ADDRESS: Ada Travers, 205 - 10th St., S.E. Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden death.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Fred J. Broschart — (Degree or title) M.D. — ADDRESS: Gaithersburg, Maryland — DATE SIGNED: Jan. 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial Removal — DATE THEREOF: Jan 14, 1952 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 1/15/52 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Robert G. Mason & Co — ADDRESS: 2500 Nichols Ave. S.E. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115A

JAN 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0695

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A5

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3115 Kensington-Wheaton Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GOLDIE	L.	HAAS	Jan.	22	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days / Hours / Min.
Female	White	Widowed	Dec. 16, 1877	74 yrs.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Claremont New Hampshire	U. S. A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Bryant	Emma Ingraham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Colon — ?

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation — 3-4 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..., 19 46, to 22 Jan, 1952, that I last saw the deceased alive on 22 Jan, 1952, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William D. Cuff M D	Silver Spring Md	22 Jan 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 25, 1952	Hope Cemetery	Worcester Mass.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/24/52	Bessie M. Thompson	J. Arthur Gaither	254 Carroll St. NW. Takoma Park, D.C.

RECEIVED
JAN 28 1962

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00696

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 6 yrs. 11 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7909 Garland Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7909 Garland Avenue

3. NAME OF DECEASED (Type or Print) (First) Harriet (Middle) Grace (Last) Hackman

4. DATE OF DEATH (Month) Jan. (Day) 14 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 31, 1880
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Easton, Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Jones
14. MOTHER'S MAIDEN NAME Alice Leinbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mr. Harry B. Hackman, 7909 Garland Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Apoplexy	11 days
44 × Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	Years
	(c) Hypertensive Cardiovascular disease	6 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 1946, to Jan. 13, 1952, that I last saw the deceased alive on Jan. 13, 1952, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE Wallace N. Mook (Degree or title) M.D. ADDRESS 7701 Carroll Ave., Takoma Pk. Md. DATE SIGNED 1-14-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 17, 1952
NAME OF CEMETERY OR CREMATORY Zion Reformed Church Cem.
LOCATION (City, town, or county) Womelsdorf (State) Penna.

DATE REC'D BY LOCAL REG. 1/14/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [signature] Arthur Walters, ADDRESS 254 Carroll St. N.W. Takoma Park, 12, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00697

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 506 Surrey St
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethesda

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 506 Surrey St

3. NAME OF DECEASED (Type or Print) (First) Lina (Middle) W (Last) Haessler

4. DATE OF DEATH (Month) Jan (Day) 2nd (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH April 17 - 1864

9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Wagner

14. MOTHER'S MAIDEN NAME Johanna Munk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs Helen Loeffler - 506 Surrey St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic and Hypertensive Heart Disease 1 1/2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/ 1950 to 1/2 1952, that I last saw the deceased alive on 1/1 1952, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE Maurice Frank, M.D. (Degree or title) ADDRESS 1835 Eye St N.W., Wash 6, D.C. DATE SIGNED 1/2/52

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify) DATE THEREOF 1-2-52 NAME OF CEMETERY OR CREMATORY Lees Crematorium LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. 1/2/52 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Jwm Lee Sons Co ADDRESS 300-4th St NW Wash, DC

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06698

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Blair
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural — LENGTH OF STAY (in this place) 18 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollidaysburg, Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS (If rural, give location) Route # 1 ✓

3. NAME OF DECEASED (Type or Print)	(First) Ruby	(Middle) Maxine	(Last) HAHN	4. DATE OF DEATH	(Month) January (Day) 5, (Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Mar. 9, 1907	9. AGE last birthday 44 yrs.	If under 1 year Months 09 Days 26; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF B[redacted] INDUSTRY - - - - - - -	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? [redacted]		
13. FATHER'S NAME Jesse ROBSON	14. MOTHER'S MAIDEN NAME Amanda (Surname unknown)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - -	16. SOCIAL SECURITY NO. - - - - - - - -	17. INFORMANT AND ADDRESS Son: Jesse R. KOUGH,			

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA, RT. BREAST WITH WIDESPREAD METASTASES — 3 yrs.

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1951, to Jan. 5, 1952, that I last saw the deceased alive on Jan. 5, 1952, and that death occurred at 9:19 P m., from the causes and on the date stated above.

SIGNATURE L. E. Tebow (Degree or title) ADDRESS DATE SIGNED

L. E. TEBOW, CDR, MC, USN. U.S. NAVAL HOSPITAL, BETHESDA, MD. Jan. 6, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF Jan. 6, 1952	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Hollidaysburg, Penn.
DATE REC'D BY LOCAL REG. Jan. 6, 1952	REGISTRAR'S SIGNATURE Edith Whittington	24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home, 7557 Wisconsin Ave., Bethesda, Maryland.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00699

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 76 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 325 Allison St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Mrs. (Middle) Blanche Edith (Last) Hammer
4. DATE OF DEATH (Month) 1 (Day) 17 (Year) 1952

5. SEX Fe.
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 2-5-82
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Winona Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Kyles Wilsie
14. MOTHER'S MAIDEN NAME Harriet Vosburgh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cardiac Decompensation	1 mo.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	with Cardiac failure	3 days
	(c)	Coronary Heart disease	6 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1938, 19, to 1/17, 1952, that I last saw the deceased alive on 1/17, 1952 and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Cecile L. Fusfeld M.D. ADDRESS 2026 R. ST. N.W. Washington 9 D.C. DATE SIGNED 1-17-52

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify)
DATE THEREOF 1/19/52
NAME OF CEMETERY ~~OR CREMATORY~~ Glenwood
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 1/18/52
REGISTRAR'S SIGNATURE Frances Pottie
24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS Washington 9 D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

JAN 27

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00700

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 0
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edward (Last) Hardy

4. DATE OF DEATH (Month) Jan (Day) 22 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Jan. 13, 1887
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) proprietor
10b. KIND OF BUSINESS OR INDUSTRY restaurant
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Hardy
14. MOTHER'S MAIDEN NAME Sarah Pearl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Roland E Hardy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

4 20 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank C. Brosshart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-22-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 1-24-52 NAME OF CEMETERY OR CREMATORY Rather Cemetery LOCATION (City, town, or county) Bolivar (State) W. Va.

DATE REC'D BY LOCAL REG. 1/23/52 REGISTRAR'S SIGNATURE Russie M. Thompson
24. FUNERAL DIRECTOR W. W. [illegible] ADDRESS 3022 M[illegible]

NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AN 28 1952

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00701

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 15 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 35 Sycamore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale
STREET ADDRESS (If rural, give location) Edmondston Rd

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Russell (Last) Hardy
4. DATE OF DEATH (Month) Jan (Day) 5 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan 20, 1862
9. AGE last birthday 89 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Occoquan Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Patrick Russel ~~Hardy~~
14. MOTHER'S MAIDEN NAME ~~Mary~~ Anna Haley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr. Russel Hardy (Son) 127 Brookside Drive, Kenwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	15 months
Antecedent cause(s)	(b) Generalized Arteriosclerosis	2 Years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypostatic Pneumonia	2 Weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept 8, 1951, to Jan 5, 1952, that I last saw the deceased alive on Jan 5, 1952, and that death occurred at 10:25a m., from the causes and on the date stated above.

SIGNATURE Philip E. Jo... M.D. (Degree or title) ADDRESS 918 Ellsworth Drive Silver Spring Maryland DATE SIGNED 1-5-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE 1/8/52 NAME OF CEMETERY OR CREMATORY Mt Olivet Cem LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 1/5/52 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 520 Cleveland Ave Petersburg Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A11

RECEIVED
10 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place) 22 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2701 Ara Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 2701 Ara Drive

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) Helena; (Last) Harig

4. DATE OF DEATH: (Month) Jan. (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/1/1878

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles F. O'Connor

14. MOTHER'S MAIDEN NAME: Annie Cogswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Jerome Harig, 2701 Ara Drive, Glenmont Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac decompensation — Interval between Onset and Death: 1-2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ?

450.0

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1948, to 22 Jan, 1952, that I last saw the deceased alive on 16 Jan, 1952, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William D. Aud M D Silver Spring Md 22 Jan 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/25/52

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Prince Geo. County, Md.

DATE REC'D BY LOCAL REG. 1/25/52

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey 8434 Georgia Ave. Silver Spring, Maryland

JAN 28 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00703

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 4 mo 5 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 863 North Abington Street

3. NAME OF DECEASED (Type or Print): (First) Ernst (Middle) Percival (Last) HENDRICKSON
4. DATE OF DEATH (Month) (Day) (Year): January 1, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Mar. 17, 1899	52 yrs.	09	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enlisted Man
10b. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry HENDRICKSON
14. MOTHER'S MAIDEN NAME: Engla NELSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. - - - - - - - - -
17. INFORMANT AND ADDRESS: Wife: Nellie G. HENDRICKSON,

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial and Pulmonary Infarction	3 hrs.
4. / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, General	14 yrs
	(c) Hypertensive Cardiovascular Disease	14 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Dissecting Aneurysm, Abd. Aorta	1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 26, 1951, to Jan. 1, 1952, that I last saw the deceased alive on Jan. 1, 1952, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE: S. W. Eyer
(Degree or title) S. W. EYER, CDR, MC, USN
ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD.
DATE SIGNED January 2, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 4, 1952	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG. Jan. 2, 1952
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS: Ives Funeral Home, 2847 Wilson Blvd., Arlington, Virginia.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10704

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 4-15

1. PLACE OF DEATH: COUNTY Mont 5520 Freeway Dr MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 4½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5520 Freeway Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5520 - Freeway Dr.

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) — (Last) HENKEL

4. DATE OF DEATH: (Month) JAN (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 28, 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Navy Dept

11. BIRTHPLACE (State or foreign country): Hamilton, Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: August Henkel

14. MOTHER'S MAIDEN NAME: Elise ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 579-42-8942

17. INFORMANT AND ADDRESS: 5520 Freeway Dr. Mrs Marion H Henkel Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: ½ hour

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease — 5 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4-6-, 1948, to 1-5-, 1952, that I last saw the deceased alive on 1-5-, 1952, and that death occurred at 6458 m., from the causes and on the date stated above.

SIGNATURE: C. P. Ryland (Degree or title) M.D. ADDRESS: C. P. RYLAND, M.D. 4400 - 49th St., N. W. Washington, D.C. DATE SIGNED: JAN 15 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Buried DATE THEREOF: 1/18/52 NAME OF CEMETERY OR CREMATORY: Rock Creek LOCATION (City, town, or county): Washington (State): D.C.

DATE REC'D BY LOCAL REG.: 1/16/52 REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: The S. Altmeyer Co. ADDRESS: 2401-14th St. N.W. Washington D.C.

Over

Deceased fell off side of bed as he died and struck left supraorbital notch, causing a small laceration. Talked to coroner and he told me to issue.

C P Lylund

RECEIVED
JAN 18 1967

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06705

Reg. Dist. No. 2-17

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (In this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mont. Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brinklow
STREET ADDRESS (If rural, give location) Olney Rt 9

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Caroline (Last) Hill

4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 1952

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: 9-13-75 — 9. AGE Last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Own Home — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Randolph Sager — 14. MOTHER'S MAIDEN NAME: Caroline Krause

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no — 16. SOCIAL SECURITY NO.: no — 17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure — 9 hrs.

1040 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Vascular disease — 10 yrs

(c) Fracture of Rt. Hip — 5 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Brinklow — (COUNTY) Monty — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 1-25-52- 8 A m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Fell in home

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Bozzuto M.D. — Gaithersburg Md — 1-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: FEB 1. 1952 — NAME OF CEMETERY OR CREMATORY: St Paul — LOCATION (City, town, or county) (State): Fulton Howard Co Md

DATE REC'D BY LOCAL REG. 1-31-52 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS: Roy W Barber Ijamsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 4 1952
BUREAU V. S.

Item 9 FilmG139 2/4/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place) 13 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SAN. & HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY 06706
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 710 WHITTIER ST. N.W.

3. NAME OF DECEASED: (Type or Print) (First) FRANCIS (Middle) RAYMOND (Last) HILLYARD

4. DATE OF DEATH: (Month) 1 (Day) 26 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: Oct. 7-1879 ~~10-7-80~~
9. AGE last birthday: 72 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Optometrist
10b. KIND OF BUSINESS OR INDUSTRY: Optometrist
11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BENJAMIN HILLYARD
14. MOTHER'S MAIDEN NAME: MARY SAUTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic heart disease — 7

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0
(CITY OR TOWN) 0 (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) 0 (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐ 0
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 20, 1952, to 1/26, 1952, that I last saw the deceased alive on 1/23, 1952, and that death occurred at 5.45 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS 500 Underwood St NW Wash. DC DATE SIGNED 1/26/52

23. BURIAL CREMATION REMOVAL (Specify): DATE THEREOF 1/29/52 NAME OF CEMETERY OR CREMATORY Mt Olivet Cem LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 1/26/52 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR Frank Geier's ADDRESS 3605-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JAN 30 1952
BUREAU V. S.

00707

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney — LENGTH OF STAY (in this place): 1 yr 4 1/2
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 5701 Cheny Chase Parkway N.W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Myrtle Zuck Hough
4. DATE OF DEATH (Month) (Day) (Year): Jan. 30 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Mar 21 - 1874
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Duquoin Illinois
12. CITIZEN OF WHAT COUNTRY? M.S.H.

13. FATHER'S NAME: Frank M Zuck
14. MOTHER'S MAIDEN NAME: ~~Duquoin~~ Jennie C Brobot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Daughter, Mrs Catherine H. Tolson 5701 Ch. Ch Pkway DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-respiratory failure — 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 6 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis — years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1950, to 1/30, 1952, that I last saw the deceased alive on 1/30, 1952, and that death occurred at 9:35 A m., from the causes and on the date stated above.

SIGNATURE: C. H. Pigou (Degree or title) MD — ADDRESS: Sandy Spring Md — DATE SIGNED: 1/30/1952

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Jan 31, 52 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county): Pr. Geo. Co. (State): Md

DATE REC'D BY LOCAL REG.: 1-30-52 — REGISTRAR'S SIGNATURE: Kentrude B. Lawler — 24. FUNERAL DIRECTOR: The S. H. Hines Co. — ADDRESS: 2901-14 St N.W. Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

40708

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place) 2 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GLENDORA (Middle) HOWARD (Last)

4. DATE OF DEATH: (Month) Jan. (Day) 5, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 7/29/80

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Conrad Royer

14. MOTHER'S MAIDEN NAME: Lavinia Belt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Louise Simonetti 710 Bonifant St Silver Spring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic hypertension	15 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1947, to Jan 5, 1952, that I last saw the deceased alive on Jan 5, 1952, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Charles S. Whitaker, M.D. — Ashtonville, Md — Jan 5, 1952

23. BURIAL, CREMATION / REMOVAL? (Specify) Burial — DATE THEREOF 1/8/52 — NAME OF CEMETERY OR CREMATORY St. Marks — LOCATION (City, town, or county) (State) Highland Md.

DATE REC'D BY LOCAL REG. 1-5-52 — REGISTRAR'S SIGNATURE Gertrude B Fowler — 24. FUNERAL DIRECTOR — ADDRESS Easton Lord Ellicott City Md.

VS. A15

REC...
JAN 1.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 928 Sligo Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 928 Sligo Ave.

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) H. (Last) Howlett

4. DATE OF DEATH: (Month) Jan. (Day) 19 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/8/1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Physician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Henry Howlett

14. MOTHER'S MAIDEN NAME: Jane Pywell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW #1

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Lina Walker Howlett, 928 Sligo Ave. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease	?
	(c)	

420 1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11, 1951, to Jan 19, 1952, that I last saw the deceased alive on Jan 19, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE: Wilson Bamford (Degree or title): M.D. ADDRESS: 9601 Dutton Place Silver Spring Md DATE SIGNED: 1/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: 1/23/52 NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery LOCATION (City, town, or county): Arlington County (State): Va.

DATE REC'D BY LOCAL REG.: 1/23/52 REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Maryland

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00709

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomerey MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY, (in this place) Since 1/6-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedarcroft Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomer
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7303 Holly Ave

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Kathryn (Last) Hughes
4. DATE OF DEATH (Month) Jan (Day) 19 (Year) 1952
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 5 1887
9. AGE last birthday 64 yrs. If under 1 year Months 8 Days 14 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fauquier Co. Va
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Same address Wayne Bruce Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia (rt lower + left lower lobes) and

491x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary congestion, both lower lobes.

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dem. Praecox (Catatonic)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 1952, to 1/19, 1952, that I last saw the deceased alive on 1/18, 1952, and that death occurred at 8 30 a.m., from the causes and on the date stated above.

SIGNATURE Richard B. Thibadeau (Degree or title) M.D. ADDRESS Cedarcroft Sanitarium DATE SIGNED Silver Spring, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-22-52
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Bladensburg Md.

DATE REC'D BY LOCAL REG. 1/21/57
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Martin W. Hysong Co. ADDRESS 1300 N. St. N.W. - Wash. 5, D.C.

RECEIVED
JAN 23 19[illegible]
BUREAU V. S.

710

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 10014 Fenbrook Rd. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs Md.
STREET ADDRESS (If rural, give location) 10014 Fenbrook Rd. Sil Sp Md.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Guy (Last) Hurley

4. DATE OF DEATH (Month) 1/10/52 (Day) (Year) 19

5. SEX M M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single.

8. DATE OF BIRTH June 24,

9. AGE last birthday 3 yrs. If under 1 year Months 0 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) District of Columbia

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Francis A Hurley Jr.

14. MOTHER'S MAIDEN NAME Oline Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Francis A. Hurley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chicken Pox	7 days
087X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) (? Virus (?) Pneumonia).	1 day

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jany 10, 1952, to Jany 10, 1952, that I last saw the deceased alive on Jan 10, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE John N. Andrews (Degree or title) M.D. ADDRESS 9601 Colesville Rd Silver Spring, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 1-10-52

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 1/10/52

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR W.R. Huntemann ADDRESS 5732 Ga Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

(Coroner notified.)

RECEIVED
JAN 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 06711

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct up is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville –
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 2 (Montrd)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont'g
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) R.F.D. # 2 (Norbeck)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lewis		Hutchison	Jan	17	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Mixed Color	Widowed	Dec 1 1901	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer Odd Work Farms		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Elvis Hutchison Rockville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Found dead
421 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ___ OR CONTRIBUTING ___ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bowersett	M.D.	Gaithersburg Md.	1-17-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 19 1952	Salem	Brookville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-19-52	Gertrude B Fowler	Roy W. Barber	Poolesville Md

VS. A15A

RECEIVED
JAN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits write RURAL OR TOWN and give nearest town): Silver Spring

LENGTH OF STAY (in this place): three yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rt 2. Joliffe Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring

STREET ADDRESS (If rural, give location): Rt 2.

3. NAME OF DECEASED (Type or Print): (First) Harriet (Middle) (Last) Hvale

4. DATE OF DEATH: (Month) January (Day) 25 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	June 13, 1874	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Hswf.		Canada	

13. FATHER'S NAME: John Brown

14. MOTHER'S MAIDEN NAME: Fannie Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	six hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis	years
DUE TO		
	(c)	

4-20-1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1947, to Jan, 1952, that I last saw the deceased alive on Jan 25, 1952, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE: Robert A Hare M.D. (DEGREE OR TITLE) ADDRESS: Takoma Park Md. DATE SIGNED: 1/26/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	1-26-52	Columbia Gardens	Arlington Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/28/52	Frances Potter	C. P. Ives	2847 Wilson Blvd. Arlington, VA.

VS. A15 8-51

RECEIVED
JAN 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00715

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY 2203 Wash. Ave. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY MONTGOMERY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING; STREET ADDRESS (If rural, give location) 2203 WASHINGTON AVE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MORRIS	MAX	SEILER	JAN.	15	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Dec. 15, 1910	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MERCHANT	Grocer	Russia	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Jeweler	Sarah Clubok

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Esther Jeweler - 2203 Wash. Ave. - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lymphosarcoma	Appx. 8 1/2 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 1951 to Jan. 15, 1952, that I last saw the deceased alive on Jan. 15, 1952, and that death occurred at 2:02 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. 2141 Co. Milwaukee Wis. Jan. 15, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Jan. 16, 1952	Mt. Lebanon Cemetery	Riggs Rd. Ext., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/15/52	Frances Cotter	D. Handelsman & Son	2501-14th St. N.W. Wash. DC.

VS-A1

6 1952

V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00716

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) 12 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 631 Mississippi Ave.	STREET ADDRESS (If rural, give location) 631 Mississippi Ave.

3. NAME OF DECEASED (Type or Print) (First) Hayward (Middle) M (Last) Johnson

4. DATE OF DEATH (Month) Jan. (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 12/3/1881

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker - retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Colesville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Wm. Johnson

14. MOTHER'S MAIDEN NAME: Ellen Jane Leizear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-30-0672

17. INFORMANT AND ADDRESS: Mr. Clarence G. Carroll, 826 Woodington Road, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Rupture, Abdominal Aorta	3 minutes
1-1X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aneurysm large, Abdominal Aorta	4 years
	(c) Arteriosclerosis - generalized	Undetermined

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1951, to Jan 24, 1952, that I last saw the deceased alive on Jan 19, 1952, and that death occurred at 10:45 P m., from the causes and on the date stated above.

SIGNATURE: George L. Kalf (Degree or title) MD — ADDRESS: 7835 Eastern Ave Silver Spring Md — DATE SIGNED: Jan 25, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1/27/52 — NAME OF CEMETERY OR CREMATORY: Colesville Cemetery — LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REG. 1-27-52 — REGISTRAR'S SIGNATURE: Frances Tollie

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

RECEIVED
JAN 29 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

(1) 717

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forestville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forestville, Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Clarence (Last) Johnson
4. DATE OF DEATH: (Month) Jan (Day) 11 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify): Widower
8. DATE OF BIRTH: July 1, 1893
9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Contractor
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John H. Johnson
14. MOTHER'S MAIDEN NAME: Sarah Ann Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W #1
16. SOCIAL SECURITY NO.: 579.10.3060
17. INFORMANT AND ADDRESS: George J. Johnson - Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary occlusion — Interval between Onset and Death: Found dead in back yard of his home.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b):
(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Bouchat (Degree or title) M.D. ADDRESS: Smithsburg Md DATE SIGNED: 1-11-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/14/52 — NAME OF CEMETERY OR CREMATORY: Forestville — LOCATION (City, town, or county) (State): Forestville, Md.

DATE REC'D BY LOCAL REG.: Jan. 14, 1952 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville, Md

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00718

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10,625 South Dunmoor Drive

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 10,625 South Dunmoor Drive

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): THOMAS T. KELLER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 30, 1952 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/9/01
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr.-Budget Bd. Bur. Yards and Docks
10b. KIND OF BUSINESS OR INDUSTRY: Navy Dept.
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas T. Keller
14. MOTHER'S MAIDEN NAME: Aimee Hodges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Dorothy Keller, 10,625 South Dunmoor Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA, Bronchogenic, Rt. upper lobe, lung — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/9/51
19b. MAJOR FINDINGS OF OPERATION: CARCINOMA, Advanced, Rt upper lobe
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 6 1951, to JAN 30, 1952, that I last saw the deceased alive on JAN. 30, 1952, and that death occurred at 8:45p m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: 1746-K-St. — DATE SIGNED: 1/31/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/2/52 — NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: 2/2/52 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Purphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

RECEIVED
FEB 4 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A157

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00719

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Maryland
STREET ADDRESS (If rural, give location) 8416 Manchester Rd

3. NAME OF DECEASED (Type or Print) (First) Susan (Middle) Virginia (Last) Kingsbury
4. DATE OF DEATH (Month) Jan. (Day) 6 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 1-4-52
9. AGE last birthday 0 yrs. If under 1 year Months 0 Days 1 If under 24 hrs. Hours 15 Min. 42

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME James C. Kingsbury
14. MOTHER'S MAIDEN NAME Pamela Baughman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS James C. Kingsbury - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atelectasis & pneumonia	2 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dehydration

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4, 1952, to 1/6, 1952, that I last saw the deceased alive on 1-5, 1952, and that death occurred at 8:34 A m., from the causes and on the date stated above.

SIGNATURE N. T. Lucius (Degree or title) M.D. ADDRESS 9601 Georgia ave. Silver Spring DATE SIGNED 1/6/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Jan 9 52 NAME OF CEMETERY OR CREMATORY St Johns Episcopal Cem LOCATION (City, town, or county) Olney (State) Md

DATE REC'D BY LOCAL REG. 1/7/52 REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR [illegible] ADDRESS 254 Carroll St N.W. Takoma Park 12, D.C.

012

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6720

Reg. Dist. No. [illegible]

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1641 6th Street, N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ernest	(n)	KNIGHT	January	19,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	May 22, 1922	29 yrs.	07	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Not known	- - - - -	South Carolina	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Judge KNIGHT	Kansas LONGSHORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES WW II	- - - - - - - - -	Mother: Kansas KNIGHT, 10 Short Street, Asheville, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Neurogenic Sarcoma — Interval between onset and death: 1 year +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan. 17, 19 52, to Jan. 19, 19 52, that I last saw the deceased alive on Jan. 19, 19 52 and that death occurred at 10:20 A.m., from the causes and on the date stated above.

SIGNATURE: E. E. Thomas Jr. — (Degree or title) — ADDRESS — DATE SIGNED

E. E. THOMAS, JR., LTJG, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. Jan. 21, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Jan. 21, 1952		Asheville, North Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 21, 1952	Enid Whillington	W. E. Jarvis Funeral Home, 1432 U Street, N.W., Washington, D. C.

RECEIVED
JAN 24
BUREAU

Items 8, 9 FilmG139 1/29/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1 721

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) RFD #4

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) Ellen (Last) Koehne

4. DATE OF DEATH (Month) Jan (Day) 18 (Year) 1952

5. SEX Fe
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 4-9-72
9. AGE last birthday 79 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY Amer

13. FATHER'S NAME John R. Peiffer
14. MOTHER'S MAIDEN NAME Alice Fiddler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) None
16. SOCIAL SECURITY No. -
17. INFORMANT AND ADDRESS Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	4 wks
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Glomerulonephritis terminal uremia	4 wks
	(c) Generalized arteriosclerosis & Myocarditis	15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral pulmonary Edema.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1938, to Jan 18, 1952, that I last saw the deceased alive on 1/18, 1952, and that death occurred at 7:40 PM m., from the causes and on the date stated above.

SIGNATURE Kenneth Baughlin (Degree or title) DOD. ADDRESS 934 Ellsworth Dr. Silver Spring Md DATE SIGNED 1-9-52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 1/21/52
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory
LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REG. 1/20/52
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Georgia Ave Silver Spring Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1722

Reg. Dist. No. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: University Park
STREET ADDRESS (If rural, give location): 6701 Forest Hills Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Francis	KOWALSKI	January 31, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	May 4, 1922	29 yrs.	08	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank KOWALSKI
14. MOTHER'S MAIDEN NAME: Roseanne CONJURA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: - - - - - - - - -
17. INFORMANT AND ADDRESS: Brother: Thomas J. KOWALSKI,

18. MEDICAL CERTIFICATION — same as item # 24

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Anoxia	24 Hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 241X	(b) Emphysema, Generalized	5 years
	(c) Asthma, Bronchial	6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 1952, to Jan. 31, 1952, that I last saw the deceased alive on Jan. 31, 1952, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE: H. H. Sparks
(Degree or title) H. A. SPARKS, LTJG, MC, USN
ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD.
DATE SIGNED Feb. 1, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 4, 1952	Mt. Olivet Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REG.: Feb. 1, 1952
REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR — ADDRESS: Timothy Hanlon Funeral Home, 3831 Georgia Avenue, NW, Washington, D.C.

RECEIVED
FEB 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

723

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 1 mo 19 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 5023 Belmont Road, N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Helen	Mitchell	LANDIS	January	8,	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	July 27, 1901	50 yrs.	05	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - -
11. BIRTHPLACE (State or foreign country): Connecticut
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward M. MITCHELL
14. MOTHER'S MAIDEN NAME: Mary ROACHE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO - - - - - -
16. SOCIAL SECURITY NO.: - - - - - -
17. INFORMANT AND ADDRESS: Son: Arthur LANDIS, Jr.,

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ADENOCARCINOMA, RECTUM, WITH METASTASES — 18 mos.

154 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19, 1951, to Jan. 8, 1952, that I last saw the deceased alive on Jan. 8, 1952, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE: H. E. Reitz
(Degree or title): H. E. REITZ, CDR, MC, USN
ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD.
DATE SIGNED: Jan. 8, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 10,1952	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 8, 1952	Edith Whittington	Hysong Funeral Home	1300 N Street, NW, Washington, D. C.

RECEIVED
JAN 15 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

724

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Cabin John
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MacArthur Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Cabin John
STREET ADDRESS (If rural, give location) MacArthur Blvd.

3. NAME OF DECEASED (Type or Print) (First) LENA (Middle) (NMI) (Last) LEE

4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1952 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 19 June 1912
9. AGE last birthday 39 yrs. If under 1 year Months 8 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid for Life
10b. KIND OF BUSINESS OR INDUSTRY Never Worked
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Dudley Lee
14. MOTHER'S MAIDEN NAME Susie Smith

15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mary Hill - R.F.D.#3, Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	Ten days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchitis.	3 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1951, to Jan. 10, 1952, that I last saw the deceased alive on Jan. 10, 1952, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wheeler O. Huff - M.D. ADDRESS 4529 - Maple Ave., Bethesda 14 - Md. DATE SIGNED 1/10/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial-transit
DATE THEREOF Jan. 11-1952
NAME OF CEMETERY OR CREMATORY Mineral Cemetery
LOCATION (City, town, or county) (State) Mineral, Louisa Co. Va.

DATE REC'D BY LOCAL REG. 1/14/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert W. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
JAN 16 1952
U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00725

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe's Home for Elderly Persons	STREET ADDRESS (If rural, give location) 617 Breenbrier Drive

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): DAVID LEGG

4. DATE OF DEATH (Month) (Day) (Year): Jan. 16 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Male	White	Widowed	6/6/1871	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber retired		Scotland	British Subject

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Legg	Elizabeth Dykes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mrs. John G. Mitchell, 617 Greenbrier Drive Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure — 2 days

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic cardiac disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1952 to Jan. 16, 1952 that I last saw the deceased alive on Jan. 15, 1952 and that death occurred at 7:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. 1009 Seminary Rd. Silver Spring, Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	1/19/52	Ft. Lincoln Crematory	Prince Geo. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 17/52	Frances Potter	Warner E. Pumphrey	8434 Georgia Ave. Silver Spring, Md.

RECEIVED
JAN 21
BUR[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

80726

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1025 Lamark Way

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1025 Lamark Way

3. NAME OF DECEASED (Type or Print) (First) Elsie (Middle) Louise (Last) Love

4. DATE OF DEATH (Month) Jan (Day) 31 (Year) 1952

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 6-21-93 | 9. AGE last birthday 58 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY St. Elis. Hosp. | 11. BIRTHPLACE (State or foreign country) Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Luther Jacob Watson | 14. MOTHER'S MAIDEN NAME Jessie Watson Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mrs. Jane Carroll 1025 Lamark Way Silver Spring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection X, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Bowerfind M.D. Gaithersburg md 1-31-52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 2-4-52 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Washington Nat'l | Suitland Md

DATE REC'D BY LOCAL REG. 2/1/52 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR | ADDRESS

Deal Funeral Home 4812 Ga Ave Washington DC

VS. A15A

RECEIVED
FEB 4 1952
BUREAU V. S.

721

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery Co., MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown; LENGTH OF STAY (in this place) 5 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	Lee	Lowe	January	16	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last Birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Married	July 28, 1922	29 29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer & Truck driver		Laytonsville, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Joseph Lowe	Annie Margaret Bolton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	213-16-1517	Gilbert E. Lowe - Germantown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Primary Carcinoma of lung, mt.	6 mo.
162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov. 1951	Carcinoma of lung with generalized metastasis.	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	—	—	—	

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from Aug, 1951, to Jan. 16, 1952, that I last saw the deceased alive on Jan. 16, 1952, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

SIGNATURE M. McKendree Boyer, M.D. (Degree or title) ADDRESS Damascus, Maryland DATE SIGNED 1/17/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 19, 1952	Forest Oak	Gaithersburg,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/18/52	Della V. Burdette	Olin L. Molesworth, Damascus, Md.	

RECEIVED
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00728

CERTIFICATE OF DEATH

Reg. Dist. No. 2-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #2.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marlboro
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) MAURICE (Middle) PRESTON (Last) LOWE

4. DATE OF DEATH (Month) Jan. (Day) 27 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	Nov. 12, 1868	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dept Weights & Measures U.J. Pa.	Educational	Prince George County, Md	U.S.A

13. FATHER'S NAME John F. Lowe
14. MOTHER'S MAIDEN NAME ? Hardy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Roland Ryon, Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular accident	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

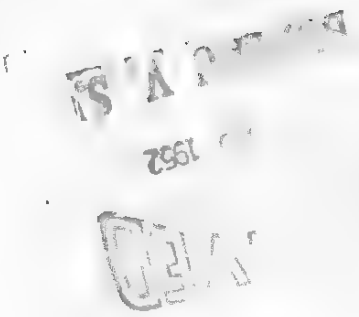
22. I hereby certify that I attended the deceased from Jan., 19 50 to Jan. 27, 19 52, that I last saw the deceased alive on Jan. 22 19 52 and that death occurred at 6 05 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert Rogers	M.D.	1009 Seminary Rd. Silver Spring Md	Jan 27, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 29, 1952	Hillside Cemetery	Abington Township Mont. Co. Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/27/52	Frances Slater	J. Arthur Walters	254 Carroll St. NW Takoma Park, D.C.

VS-A15



M729

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spg.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 8460 Piney Branch Ct

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montg.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 8460 Piney Branch Court.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Slye (Last) Lynch

4. DATE OF DEATH: (Month) Jan (Day) 11, (Year) 1952.

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed.

8. DATE OF BIRTH: Mar. 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own Home.

11. BIRTHPLACE (State or foreign country): Maddox, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Slye

14. MOTHER'S MAIDEN NAME: Georgia Maddox.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS: Adele Lynch Clark.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation. — Interval Between Onset and Death: 6 mos.

4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Degeneration.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, Atypical Virus- — 6 weeks.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April, 1950, to 1/11, 1952, that I last saw the deceased alive on 1/10, 1952, and that death occurred at 4:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Merrill Y. Cross M.D. 8248 Georgia ave. Silver Spring, Md. 1/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 14, 1952 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Chaptico, St Mary's, Md.

DATE REC'D BY LOCAL REG. 1/14/52 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR — ADDRESS: J. Arthur Dalton, 234 Carroll St. N.W. Takoma Park 12, D.C.

VS-4

RECEIVED
JAN 14 1935
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver spring
STREET ADDRESS (If rural, give location) 10802 Lorain Ave.

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) Amelia (Last) Margum

4. DATE OF DEATH (Month) Jan (Day) 2 (Year) 1952

5. SEX Fe.
6. COLOR OR RACE Cave
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 9-11-1871
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ranildi B. Margum
14. MOTHER'S MAIDEN NAME Louiza Suit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary heart disease (arteriosclerosis) — INTERVAL BETWEEN ONSET AND DEATH: General years

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1951, to Jany 2, 1952, that I last saw the deceased alive on Jan 1, 1952, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

SIGNATURE John U. Andrews M.D. (Degree or title) ADDRESS Silver Spring Md. DATE SIGNED Jany 2, 52

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF Jan 4 1952 NAME OF CEMETERY OR CREMATORY Epiphany Church Cem. LOCATION (City, town, or county) Forrestville (State) Md.

DATE REC'D BY LOCAL REG. 1/2/52 REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR J. Wm Lee's Sons Co. ADDRESS 300-4th St. Wash. 2, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00731

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (In this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11403 Norris Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 11403 Norris Dr

3. NAME OF DECEASED (Type or Print): (First) ANNie (Middle) Adelle (Last) MARKS

4. DATE OF DEATH: (Month) Jan (Day) 20 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH: 7-27-1875 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Va | 12. CITIZEN OF WHAT COUNTRY: U-S-A

13. FATHER'S NAME: James Nelson Gregory | 14. MOTHER'S MAIDEN NAME: Sallie Ann Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: James G. Marks 11403 Norris Dr Silver Spring, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden death

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension — 20 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ___ OR CONTRIBUTING ___ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Brechart M.D. Gaithersburg, md 1-20-52

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 1/23/52 | NAME OF CEMETERY OR CREMATORY Glenwood | LOCATION (City, town, or county) Wash D.C. (State)

DATE REC'D BY LOCAL REG. 1/24/52 | REGISTRAR'S SIGNATURE Frances Cotter | 24. FUNERAL DIRECTOR | ADDRESS

Hy S.H. Hines & 2401-14th N.W. Wash D.C.

RECEIVED
1902
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (In this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 Oxford

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 205 Oxford

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) (Last) McCathran
4. DATE OF DEATH (Month) Jan (Day) 1 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3-25-1918
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Service
10b. KIND OF BUSINESS OR INDUSTRY U.S. Government
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME S. Jay McCathran Jr.
14. MOTHER'S MAIDEN NAME Kathryn Alderman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS S.Jay McCathran Jr. 205 Oxford St. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Barbiturate poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Chevy Chase (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 1-1-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 3, 1952
NAME OF CEMETERY OR CREMATORY Glenwood
LOCATION (City, town, or county) Washington, (State) D.C.

DATE REC'D BY LOCAL REG. 1/2/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Joseph F. Burchs Sons
ADDRESS 3304 - 1 St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00734

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
LENGTH OF STAY (in this place) 2 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6805 MEADOW LANE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) APT. 1073-W, 4201 MASS. AVE. N.W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): WILLIAM DONALD McCATHRAN
4. DATE OF DEATH (Month) (Day) (Year): JAN 7, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MAR. 17, 1875
9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONTROLLER SAFETY DEPOSIT BOXES
10b. KIND OF BUSINESS OR INDUSTRY: BANK
11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANCIS F McCATHRAN
14. MOTHER'S MAIDEN NAME: MARY ELIZABETH KELLY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 579-42-3961
17. INFORMANT AND ADDRESS: Marie B. McCathran, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	30 MINS
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart disease	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13, 1951, to Jan 7, 1952, that I last saw the deceased alive on Jan 7, 1952, and that death occurred at 7450 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter T. Gladding MD - 6805 Meadow Lane Chevy Chase Md. Jan 7, 1952

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: JAN. 10-1952
NAME OF CEMETERY OR CREMATORY: CEDAR HILL CEMETERY
LOCATION (City, town, or county) (State): PRINCE GEORGE CO. MD.

DATE REC'D BY LOCAL REG.: 1/8/52
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR ADDRESS: S. H. Hines Co., Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

735

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 39 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C.; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.; STREET ADDRESS (If rural, give location) 3344 Denver Street S.E. Wash. D.C.

3. NAME OF DECEASED (Type or Print): (First) Walter; (Middle) Scott; (Last) McDowell

4. DATE OF DEATH: (Month) 1; (Day) 23; (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-10-1902

9. AGE last birthday: 49 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Richmond Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eugene O. McDowell

14. MOTHER'S MAIDEN NAME: Hattie Symon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Obstruction, intestinal

157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Exploratory Laparotomy - Evisceration Later

(c) Pancreatitis

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probable carcinoma of Pancreas

19a. DATE OF OPERATION: 10 Jan 1952

19b. MAJOR FINDINGS OF OPERATION: Pancreatic enlargement with regional adenitis

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Jan, 1952, to 23 Jan., 1952 that I last saw the deceased alive on 23 Jan., 1952, and that death occurred at 11:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilfred W Eastman MD 8700 Colesville Rd. Silver Spring Md Jan 23, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-26-1952

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: 1/23/52

REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR ADDRESS: Jerm Lee Funeral Co. Wash. DC

JAN 23 19

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

D0736

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1109 Highland Drive

3. NAME OF DECEASED (Type or Print): (First) Mrs. (Middle) Maria Elizabeth (Last) Schaeffer.
4. DATE OF DEATH: (Month) 1 (Day) 15 (Year) 1952

5. SEX: Fe.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 9-21-67
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Wurttenberg Germany
12. CITIZEN OF WHAT COUNTRY? Germany.

13. FATHER'S NAME: Christian Schaeffer.
14. MOTHER'S MAIDEN NAME: -unknown-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 5 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured left hip — 5 days

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1951, to Jan. 15, 1952, that I last saw the deceased alive on Jan 14, 1952, and that death occurred at 12:25 A m., from the causes and on the date stated above.

SIGNATURE: Benjamin Bamford (Degree or title) M.D. ADDRESS 9601 Sutton place Silver Spring Md. DATE SIGNED 1/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/17/52
NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REG. 1-16-52
REGISTRAR'S SIGNATURE: F. Helen Dodd
24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, 8434 Georgia Ave. Silver Spring, Maryland

VS. A15

Dr. L. J. Broschart, Montgomery County Medical examiner, notified and he O.K'd my signing this certificate.

J Maria Barhead

RECEIVED
18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1737

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 12,525 Georgia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 12,525 Georgia Avenue

3. NAME OF DECEASED (Type or Print): (First) EWINA (Middle) MERLONE (Last)

4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 5, 1904

9. AGE Last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife - Own Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York City, N. Y.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Nagnasco

14. MOTHER'S MAIDEN NAME: Aurelia Zeraga

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Eugene Merlone, 12,525 Ga. Ave., SS., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis — Interval: Few days

581.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of Liver with Ascites — Interval: 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Brosnan — (Degree or title) M.D. — ADDRESS: Gaithersburg md — DATE SIGNED: 1-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/5/52 — NAME OF CEMETERY OR CREMATORY: St. John's Cemetery — LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Thomas L. Pumphrey, 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (In this place) 10 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg - R-1
STREET ADDRESS (If rural, give location) Emory Grove

3. NAME OF DECEASED (Type or Print) (First) Ersy (Middle) (Last) Millard
4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1952
5. SEX female
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Feb. 1, 1936
9. AGE last birthday 15 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY High School
11. BIRTHPLACE (State or foreign country) Wash. DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert A. Millard
14. MOTHER'S MAIDEN NAME Lula A. Tyler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Lula A. Millard

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
802X Immediate cause	(a) Thoracic & abdominal hemorrhages	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to crushed chest (left) and rupture of spleen	47 min.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) R.R. Crossing (CITY OR TOWN) Rockville (COUNTY) Montg (STATE) md
TIME OF INJURY (Month) Jan (Day) 7-52- (Year) 9:32 (Hour) P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by train

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, occident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg md DATE SIGNED 1-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/11/52
NAME OF CEMETERY OR CREMATORY Emory Grove
LOCATION (City, town, or county) Emory Grove, md (State)
DATE REC'D BY LOCAL REG. 1-10-52
REGISTRAR'S SIGNATURE Helen S. Eckenfelder
24. FUNERAL DIRECTOR Robert L. Snowden, Rockville, Md ADDRESS

Bessie Thompson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIIA

RECEIVED
[illegible] 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 9108 Ewing Drive

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) (Last) Miller

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 25, 1884

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months 2 Days 14 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Ice Cream Business (Retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Samuel Miller

14. MOTHER'S MAIDEN NAME: Clara McMichael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Mrs. Mae Livsey daughter 9108 Ewing Drive, Bethesda

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

592X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 51, to Jan. 9, 19 52, that I last saw the deceased alive on Jan. 9, 19 51, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Dr Joseph P. Kennick M.D. ADDRESS 7942 Wisconsin Ave, Bethesda Md DATE SIGNED 1/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial-transit

DATE THEREOF: 1-9-1952

NAME OF CEMETERY OR CREMATORY: Millville

LOCATION (City, town, or county) (State): Columbia Co. Penna.

DATE REC'D BY LOCAL REG.: 1/9/52

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Lumphrey ADDRESS: Bethesda, Md.

BUREAU V. S.
JAN 14 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 41

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda.
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sub. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 2702 Wisconsin ave. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) none (Last) Morris

4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 7 - 1884

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Federal Housing

10b. KIND OF BUSINESS OR INDUSTRY: Civil Engineer

11. BIRTHPLACE (State or foreign country): New York City N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jonas Henry Morris

14. MOTHER'S MAIDEN NAME: Maria Smyth.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: (Son) Mr Geo. Morris 104 N. Trenton St. Arlington Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Primary carcinoma of the liver

155 X

Antecedent cause(s) DUE TO (b) Arteriosclerosis; fatty degeneration

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) of the heart

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: January 4, 1952

19b. MAJOR FINDINGS OF OPERATION: Metastatic carcinoma to liver

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to January, 1952, that I last saw the deceased alive on January 24, 1952, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE Alfred Baer M.D. (DEGREE OR TITLE) ADDRESS 2713 Wisconsin Ave NW Washington D.C. DATE SIGNED January 24, 1952

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 1/28/52 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Prince George (State) Md.

DATE REC'D BY LOCAL REG. 1/25/52 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2801-14th St. N.W. Wash. D.C.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 30
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6405 Florida Street

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) (Last) Mulford

4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 5, 1874
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 2 Days 27 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wall Kill New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar Mulford
14. MOTHER'S MAIDEN NAME: Philena Wygant DuBois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Francis M.Race-Same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	12 hrs.
2941	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Polycythemia Rubra Vera	5 yrs.
	DUE TO	
	(c) Thrombosis right ant. tibial artery	36 hrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Intertrochanteric Frac. rt femur.

19a. DATE OF OPERATION: 11-14-51
19b. MAJOR FINDINGS OF OPERATION: Fracture of Right Hip
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1951, to Jan. 2, 1952, that I last saw the deceased alive on Jan. 1, 1952, and that death occurred at 9:20 A.m., from the causes and on the date stated above.

SIGNATURE Sidney C. Cousins (DEGREE OR TITLE) M.D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED 1-2-52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF Jan. 2-52
NAME OF ~~CEMETERY OR~~ CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REG. 1/2/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JAN
U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00743

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 7 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San. & Hospital	STREET ADDRESS (If rural, give location): Fairland Rd., R.F.D.

3. NAME OF DECEASED (Type or Print)	(First) Samuel	(Middle) Francis	(Last) Mullican	4. DATE OF DEATH	(Month) Jan. (Day) 25 (Year) 1952
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 3/30/1880	9. AGE last birthday: 71 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13. FATHER'S NAME: George Mullican	14. MOTHER'S MAIDEN NAME: Elizabeth Kemp				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Washington San. & Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure — 5 min.

1211 2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac decompensation — 1 wk.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30/, 1951, to 1/25, 1952, that I last saw the deceased alive on 1/24/, 1952, and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] Silver Spring Md. [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 1/28/52	NAME OF CEMETERY OR CREMATORY: Colesville Cemetery	LOCATION (City, town, or county) (State): Montgomery County, Md.
DATE REC'D BY LOCAL REG.: 1/29/52	REGISTRAR'S SIGNATURE: J. Wilton Dodd	24. FUNERAL DIRECTOR: Warner E. Pumphrey	ADDRESS: 8434 Ga. Ave. Silver Spring, Maryland

RECEIVED
JAN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18.

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 10101 Hadley Place

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Kittith (Last) Nixon

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1952

5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 6-5-74
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): hswf.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hudson
14. MOTHER'S MAIDEN NAME: Margaret Burt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital records. Takoma Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac arrest. - Circulatory collapse
DUE TO
581.0 Antecedent cause(s) (b) Cirrhosis of Liver c̄ Splenomegaly.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Intestinal hemorrhage due to congestion

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27, 1952, to Jan 28, 1952, that I last saw the deceased alive on Jan 28, 1952 and that death occurred at 9 30 P.m., from the causes and on the date stated above.

SIGNATURE Wilford D. Meyers (DEGREE OR TITLE) M D ADDRESS 5614 Takoma Park Md. DATE SIGNED Jan 28, 1952

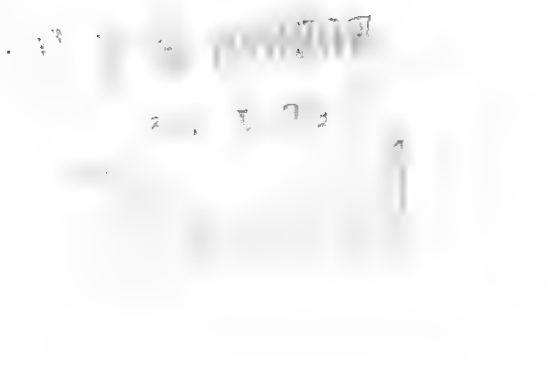
23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1/31/52
NAME OF CEMETERY OR CREMATORY Geo. Wash. Memorial Cemetery
LOCATION (City, town, or county) (State) Prince Geo. County, Md.

DATE REC'D BY LOCAL REG. 1/30/52
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warren E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Veirs Mill Village; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Veirs Mill Village; STREET ADDRESS (If rural, give location) 4410 Fern Hill Road

3. NAME OF DECEASED (Type or Print): (First) EUNICE (Middle) DARLING (Last) NORRIS

4. DATE OF DEATH: (Month) JAN (Day) 30 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ✓

8. DATE OF BIRTH: July 6-1909

9. AGE last birthday: 42 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Washington D C

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Lewis E Darling

14. MOTHER'S MAIDEN NAME: Elizabeth Dames

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Charles E Norris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ADENOCARCINOMA OF OVARY WITH METASTASES — Interval between onset and death: 2½ Mos.

175 K

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: OCT 4, 1951

19b. MAJOR FINDINGS OF OPERATION: WIDESPREAD INTRAABDOMINAL METASTSES

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 24, 1952, to JAN 30, 1952, that I last saw the deceased alive on JAN 24, 1952, and that death occurred at 10⁰⁰ p.m., from the causes and on the date stated above.

SIGNATURE: George J Flaherty Jr (Degree or title) M.D. ADDRESS: 9301-Colesville Road DATE SIGNED: Jan 30, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-4-52 — NAME OF CEMETERY OR CREMATORY: Arlington Natl. — LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 1/31/52 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: J Wm Lee Sons Co — ADDRESS: 300-4th St N E Wash, D C

RECEIVED
FEB 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00746

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 21 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1230 Decatur Street, NW ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hugh	Ambrose	O'BOYLE	January 15, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	June 7, 1884	67 yrs.	07	08		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Not known	- - - - - -	Pennsylvania	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not known	Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO - - - -	- - - - - - -	Son: Joseph V. O'BOYLE,

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Infarction, myocardium	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 14, 1952, to Jan. 15, 1952, that I last saw the deceased alive on Jan. 15, 1952, and that death occurred at 6:35 P.m., from the causes and on the date stated above.

SIGNATURE: L. O'Hanian (Degree or title) — ADDRESS — DATE SIGNED

D. O'HANIAN, LT, MC, USN — U.S. NAVAL HOSPITAL, BETHESDA, MD. — Jan. 16, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 19, 1952	Mt. Olivet Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
Jan. 16, 1952	Elsie Whittington	Collins Funeral Home, 3821 14th Street, N.W., Washington, D. C.

VS: A15

RECEIVED
JAN 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01747

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lincoln Pk. B&O RR Crossing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) R.F.D. #2

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Offutt

4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1952

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 8, 1921
9. AGE last birthday 30 yrs. If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Booze
14. MOTHER'S MAIDEN NAME Nellie Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-16-0609
17. INFORMANT AND ADDRESS Nellie Offutt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Multiple fractures, extreme involving	sudden
802X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) whole body - Head partly decapitated	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) RR. Crossing
(CITY OR TOWN) Rockville (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) Jan (Day) 7 (Year) 52 (Hour) 9:32 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? struck by train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brosshart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 1-9-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/10/52
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) Brookeville, Md (State)

DATE REC'D BY LOCAL REG. 1-10-52
REGISTRAR'S SIGNATURE Helen S. Eckenfelder (see B.J.)
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

REC
JAN 11
BUREAU V. S.

Item 9 FilmG139 2/25/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 329-W. Bradley Lane.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 329-W. Bradley Lane.

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) E (Last) O'LEARY

4. DATE OF DEATH (Month) Jan (Day) 27th (Year) 1952

5. SEX F.
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 11th 1900
9. AGE last birthday 51 ~~52~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James C. Keliher
14. MOTHER'S MAIDEN NAME Mary T. Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None.
17. INFORMANT John J. O'Leary.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Hemorrhage — 3 days

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Jan, 1952, to 27 Jan, 1952, that I last saw the deceased alive on 26 Jan, 1952, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Vincent L. O'Donnell MD
ADDRESS 5021-Bradley Blvd C.C. Md.
DATE SIGNED 27 Jan 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 30/52
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 1/28/52
REGISTRAR'S SIGNATURE Bessie [illegible]
24. FUNERAL DIRECTOR T. F. Costello 1722-N. Capitol
ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00749

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9320 Wire Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery Ave
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 9320 - Wire Ave -

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) C (Last) Parker

4. DATE OF DEATH (Month) Jan. (Day) 18 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Jan 24, 1874
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Police
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Charles Parker
14. MOTHER'S MAIDEN NAME Elizabeth Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Alton Parker - Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage,	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, and Cerebral Arteriosclerosis	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 1, 1949, to Jan. 18, 1952, that I last saw the deceased alive on Dec. 16, 1951, and that death occurred at 7:30 m., from the causes and on the date stated above.

SIGNATURE Frank S. Bacon (Degree or title) M.D. ADDRESS 1150 Conn. Ave. N.W. DATE SIGNED Jan. 18 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/21/52
NAME OF CEMETERY OR CREMATORY Addison Chapel
LOCATION (City, town, or county) (State) Seat Pleasant Md

DATE REC'D BY LOCAL REG. 1/19/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasche sons Hyattsville Md
ADDRESS

Frances Potter

Jan. 18, 1952

The County examiner has this date been notified, and does approve.

Francis S Bacon M.D.
1150 Conn Ave, N.W.

BUREAU V. S.
JAN 23 1952
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00750

Reg. Dist. No. 22

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1715 Irving Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Ragsdale (Last) PARSONS
4. DATE OF DEATH (Month) (Day) (Year): January 6, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 12, 1913
9. AGE last birthday: 38 yrs. If under 1 year: Months 05 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not Known
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Harry O. PARSONS
14. MOTHER'S MAIDEN NAME: Adah RAGSDALE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war, or dates of service): WW II
16. SOCIAL SECURITY NO.: - - - - - - - - -
17. INFORMANT AND ADDRESS: Wife: Tahmineh PARSONS,

18. MEDICAL CERTIFICATION: same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Infarction, pulmonary	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Disease	2 yrs.
416.x	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 21, 1951, to Jan. 6, 1952, that I last saw the deceased alive on Jan. 6, 1952, and that death occurred at 7:05 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): S. W. DYER, CDR, MC, USN
ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD.
DATE SIGNED: January 6, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 1-10-52
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Jan 6, 1952
REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR ADDRESS: S. H. Hines Funeral Home, 2901 14th St., NW, Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN 14
BUREAU V. S.

Items 8, 9 FilmG138 1/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00751

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Md
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Grosvenor Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Md
STREET ADDRESS (If rural, give location) 309 Grosvenor Lane

3. NAME OF DECEASED (Type or Print) (First) Rosa (Middle) (Last) Payne
4. DATE OF DEATH (Month) January (Day) 3 (Year) 1952
5. SEX Female
6. COLOR OR RACE Colored
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH April 10 ~~73~~ 69
9. AGE last birthday 82 ~~79~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Robert Rollins
14. MOTHER'S MAIDEN NAME Mildred unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mildred Rhodes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	3 hours.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thyrotoxicosis Deformans	12 years
	(c) Arteriosclerosis Arthritis	15 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Kyphosis Dorsal

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ~~X~~
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1934 to Jan 3, 1952, that I last saw the deceased alive on Jan 2, 1952, and that death occurred at 12:05 P m., from the causes and on the date stated above.

SIGNATURE Webster Sewell (Degree or title) M.D. ADDRESS Silver Spring Md DATE SIGNED 1.5.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/7/52
NAME OF CEMETERY OR CREMATORY Grosvenor Lane,
LOCATION (City, town, or county) Bethesda, Md. (State)
DATE REC'D BY LOCAL REG. 1/7/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

00752

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.	STREET ADDRESS (If rural, give location) 7808 Aberdeen Rd.

3. NAME OF DECEASED (Type or Print) (First) ROBERT	(Middle) RANDOLPH	(Last) PEEBLES	4. DATE OF DEATH (Month) Jan.	(Day) 14,	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Dec. 24, 1872	9. AGE last birthday 79 yrs.	If under 1 year Months 0 Days 20 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Textile Industry	10b. KIND OF BUSINESS OR INDUSTRY Textile	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Ferdinand E. Peebles		14. MOTHER'S MAIDEN NAME Mary Louise Stone			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 109-07-5070	17. INFORMANT AND ADDRESS Mrs W.H.Gannaway Same as item# 2			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a)	Coronary heart disease	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hyf Tertension	2 years
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1951, to Jan 14, 1952, that I last saw the deceased alive on Jan 14, 1952, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE Dr Joseph P. Kennick (Degree or title) MD — ADDRESS 1942 Wisconsin Ave, Bethesda — DATE SIGNED 1/14/52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation	DATE THEREOF 1-15-52	NAME OF CEMETERY OR CREMATORY Cedar Hill	LOCATION (City, town, or county) (State) Suitland, Maryland
DATE REC'D BY LOCAL REG. 1/15/52	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Robert A. Humphrey	ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural; LENGTH OF STAY (in this place): 8 mos 28 das; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia; COUNTY: Arlington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington; STREET ADDRESS (If rural, give location): 4709 South 7th Street

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Bennett (Last) PINKSTON

4. DATE OF DEATH: (Month) January (Day) 9, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 7, 1893

9. AGE last birthday: 58 yrs. If under 1 year: Months 02, Days 02; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Petty Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Virgil PINKSTON

14. MOTHER'S MAIDEN NAME: Margaret COSTELLO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT AND ADDRESS: Sister: Angelina TAYLOR,

18. MEDICAL CERTIFICATION: same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Infarction, Pulmonary	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Infarction, Myocardium	1 yr.
	(c) Arteriosclerotic Heart Disease	1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Ulcer, Stomach, without obstruction	10 mos.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 11, 1951, to Jan. 9, 1952, that I last saw the deceased alive on Jan. 9, 1952, and that death occurred at 4:46 P m., from the causes and on the date stated above.

SIGNATURE: S. W. EYER, CDR, MC, USN (Degree or title) ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED: January 10, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 1-14-52; NAME OF CEMETERY OR CREMATORY: Arlington National; LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Jan. 10, 1952; REGISTRAR'S SIGNATURE: Elizabeth Whittington

24. FUNERAL DIRECTOR ADDRESS: Ives Funeral Home, 2847 Wilson Blvd., Arlington, Virginia

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 00754

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Kenwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenwood
STREET ADDRESS (If rural, give location) 14 Kenwood Ave

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) T. (Last) PLUMB SR.

4. DATE OF DEATH (Month) JAN (Day) 25 (Year) 1952 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 9/14/1867

9. AGE last birthday 84 yrs. If under 1 year Months 4 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) New York State

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alvin Plumb

14. MOTHER'S MAIDEN NAME ? Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Wm. T. Plumb, Jr. 14 Kenwood Ave., Kenwood, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema following cardiac failure — Interval Between Onset and Death: 3 days

4 0.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis with arteriosclerotic heart disease — years.

(c) Probable Fracture of left hip

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Talked to Medical Examiner on 1-24-52 & he told me to issue on case.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 1-22-51 11P m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fell down steps in own home

22. I hereby certify that I attended the deceased from Feb 13, 1951, to JAN 25, 1952, that I last saw the deceased alive on JAN 25 1952, and that death occurred at 4 P. m. from the causes and on the date stated above.

SIGNATURE C P Ryland (Degree or title) M.D ADDRESS C. P. RYLAND, M.D. 4400 - 49th St., N. W. Washington, D. C. DATE SIGNED JAN 25 1952

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 26 Jan. 1952

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. 1/26/52

REGISTRAR'S SIGNATURE Bessie M. [illegible]

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 30 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 00755

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase, Md.
LENGTH OF STAY (in this place) 15 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS ---------

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase, Maryland
STREET ADDRESS (If rural, give location) 6207 - Conn. Ave.

3. NAME OF DECEASED (Type or Print) (First) HANNAH (Middle) (Last) PRESMONT

4. DATE OF DEATH (Month) (Day) (Year) January 14, 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Nov. 6, 1862

9. AGE last birthday 89 yrs. If under 1 year Months 2 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Domestic

11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ..... Nathanson

14. MOTHER'S MAIDEN NAME Fannie Nathanson .....

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. ------

17. INFORMANT AND ADDRESS Arthur N. Presmont, 6207-Conn.Av., Ch.Ch., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	48 hrs.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteria Sclerotic Heart Disease	3 yrs
	(c) Cardio-vascular-renal disease	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1952, to Jan. 14, 1952, that I last saw the deceased alive on Jan. 14, 1952, and that death occurred at 3:55 p.m., from the causes and on the date stated above.

SIGNATURE Sidney C. Cousins (Degree or title) Ed. ADDRESS 3921 - Ingomar St. N.W. Wash. D.C. DATE SIGNED 1-14-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF JAN. 17, 1952

NAME OF CEMETERY OR CREMATORY ADATH JESHURUM CEM.

LOCATION (City, town, or county) (State) PHILADELPHIA, PENNA.

DATE REC'D BY LOCAL REG. 1/15/52

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Martin W. Hysong Co. ADDRESS 1300 - N St. N.W. Wash. D.C.

Copy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 756

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park

LENGTH OF STAY (in this place) 10½ days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital - Takoma Park Md

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY ? AA.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville Rural

STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Greenbury (Last) Pumphrey

4. DATE OF DEATH: (Month) 1 (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 11-24-74

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: Retired Truck Farm

11. BIRTHPLACE (State or foreign country): Benfield Md.

12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Thomas O. Pumphrey

14. MOTHER'S MAIDEN NAME: Rachel Steen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Terminal

420.1

DUE TO

Antecedent cause(s) (b) Arteriosclerosis — Years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/17/52, to 1/27/52, that I last saw the deceased alive on 1/27/52, and that death occurred at 11:20 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Robert A Hare MD. ADDRESS Takoma Park Md. DATE SIGNED 1/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Jan. 30, 1952

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Brooklyn, Md. (Rural)

DATE REC'D BY LOCAL REG. Jan. 31 1952

REGISTRAR'S SIGNATURE J. Watson Dodd

24. FUNERAL DIRECTOR Thomas W. Singleton, ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10757

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wayne	Jamaine	Pumphrey	January	18	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Colored	Single	8/3/51		5	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U.S.A.

13. FATHER'S NAME: Herbert Pumphrey

14. MOTHER'S MAIDEN NAME: Beatrice Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Influenza	5 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
—	—	—	m.			—

22. I hereby certify that I attended the deceased from 1/17/52, to 1/18/52, that I last saw the deceased alive on 1/18/52, and that death occurred at 11:23 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Sandy Spring — DATE SIGNED: 1/18/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-22-52	Sandy Springs	Sandy Spring, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-21-52	Gertrude B. Lawson	Robt. L. Snowden	Rockville, Md.

CS 1-14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. Form 1

RECEIVED
JAN 24

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wakefield Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) REED.

4. DATE OF DEATH: (Month) Jan (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: Jan 31, 1875

9. AGE Last Birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm T Reigle

14. MOTHER'S MAIDEN NAME: Frances C. Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Hospital Record Takoma Pk Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Arteriosclerosis, acute	More than 1 Yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis general, advanced.	Not known
	DUE TO (c)	

334 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis, chronic — Not known

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Oct, 1950, to 16 Jan, 1952, that I last saw the deceased alive on 15 Jan, 1952, and that death occurred at 11 00 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John F. Brennan Jr. M.D. 1709 Michigan Ave, N.E. Wash. D.C. 16 Jan 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 1/19/52. — NAME OF CEMETERY OR CREMATORY: Patuxent Cemetery — LOCATION (City, town, or county) (State): Odenton Md

DATE REC'D BY LOCAL REG. 1/19/52 — REGISTRAR'S SIGNATURE Amanda Dawson, J. Millard Deale Asst. Registrar 1/21/52

24. FUNERAL DIRECTOR — ADDRESS: E. Cashen & Sons Hyattsville Md

RECEIVED
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

81 759

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 4 mo 22 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Alabama COUNTY Lamar
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sulligent, Rural
STREET ADDRESS (If rural, give location) Rural delivery # 2 ✓

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) (n) (Last) RHODES
4. DATE OF DEATH: (Month) January (Day) 20, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Mar. 11, 1902
9. AGE last birthday: 49 yrs. If under 1 year: Months 10 Days 07 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: David LOFTIS
14. MOTHER'S MAIDEN NAME: Alma ROBINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO. - - - - - - - - -
17. INFORMANT AND ADDRESS: Son: James Robert HASKETT, Naval Air Station, Norfolk, Virginia.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA, RT. BREAST WITH EXTENSIVE METASTASES — Interval between onset and death: 2½ yrs.

170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 28, 19 51, to Jan. 20, 19 52, that I last saw the deceased alive on Jan. 20, 19 52, and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. E. TEBOW, CDR, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. Jan. 21, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: Jan. 21, 1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State): Sulligent, Alabama

DATE REC'D BY LOCAL REG. Jan. 21, 1952
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS: Robert A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

VS. A15

JAN 24

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

C760 Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington; MARYLAND LENGTH OF STAY (in this place): 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4003 Lawrence Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington; STREET ADDRESS (If rural, give location): 4003 Lawrence Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	PENFIELD	ROBERTS	January 14 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	5/8/26	25 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electronics - Scientist		Boston, Mass.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Penfield Roberts	Cecelia Washburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes WW II	579-448952	Mrs. Eleanor W. Roberts, 4003 Lawrence Ave. Kensington, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia by hanging

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

E974X (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
	Home	Kensington, Montgomery County, Maryland

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
1/14/52 9:00 Pm.		Hanged self by rope of baby swing

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William Booth MD	Baltimore, Maryland	January 16, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. & Burial	1/16/52	Woodlawn Cemetery	Acton, Mass. (Middlesex Co.)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-17-52	Frances Keller	Warner & Pumphrey	8434 Ga. Ave. Silver Spring, Md.

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1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 761

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Gaithersburg; LENGTH OF STAY (in this place) 17 years 10 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery General Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seneca; STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) M. (Last) Rogers

4. DATE OF DEATH: (Month) 1 (Day) 5 (Year) 1952

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 6, 1885

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months 8 Days 29; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hyattsville Md

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Henry John Breadecamp

14. MOTHER'S MAIDEN NAME: Annie Elizabeth Schaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: Mary Mossburg - Germantown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial Ventricular fibrillation

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Auricular fibrillation

DUE TO

(c) Thyrotoxicosis

252.0

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Embolus right femoral artery.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6, 1951, to 1-4, 1952, that I last saw the deceased alive on 1-4, 1952, and that death occurred at 5:25A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Alfred S. Norton M.D. 546 Maple Ridge Road Bethesda Md. 1-5-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 1-7-1952

NAME OF CEMETERY OR CREMATORY Darnestown Church Cem

LOCATION (City, town, or county) (State) Montgomery Maryland

DATE REC'D BY LOCAL REG. 1/6/52

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS Robert A. Pumphrey Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 80762

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 1 W Melrose St.

3. NAME OF DECEASED: (Type or Print) (First) Leota (Middle) (NMI) (Last) Ross

4. DATE OF DEATH: (Month) Jan. (Day) 16 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 1, 1865
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Where-Ever Called
11. BIRTHPLACE (State or foreign country): Richmond, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William H. Ross
14. MOTHER'S MAIDEN NAME: Clara Lippitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Louis F. Ross-Richmond, Ind.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiovascular collapse
DUE TO
422.1 Antecedent cause(s) (b) Calcific aortic disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Am, 1952, to 12:40 Pm, 1952, that I last saw the deceased alive on Jan 16, 1952, and that death occurred at 12:40 PM m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Bethesda, Col. M.D. Pathologist, Suburban Hosp. 17 Jan '52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF 1-17-52
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Suitland, Maryland
DATE REC'D BY LOCAL REG. 1/17/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

Dep. Med. Examiner notified, Approved
(Frank J. Broschart)

BUREAU V. S.
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00763

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 99 Charles Street

3. NAME OF DECEASED (Type or Print): (First) Roscoe (Middle) Conkling (Last) ROWE

4. DATE OF DEATH: (Month) January (Day) 11, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 18, 1884

9. AGE last birthday: 67 yrs. — If under 1 year: Months 04, Days 23, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles ROWE

14. MOTHER'S MAIDEN NAME: Emma CURTIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT AND ADDRESS: Wife: Regina C. ROWE,

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Suspected, myocardial infarction	12-24 hours
162 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Transverse myelopathy due to compression by contiguous metastatic bronchogenic carcinoma	11 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bronchogenic carcinoma, Rt. lower lobe

19a. DATE OF OPERATION: 9 Jan 52 — 19b. MAJOR FINDINGS OF OPERATION: Softened vertebrae. Non-pulsatile spinal cord — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1951, to Jan. 11, 1952, that I last saw the deceased alive on Jan. 11, 1952, and that death occurred at 8:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John T. Lord M.D. — ADDRESS: J. T. LORD, LTJG, MCR, USNR U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED: Jan. 11, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 14, 1952 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Jan. 11, 1952 — REGISTRAR'S SIGNATURE: Erick Wellington

24. FUNERAL DIRECTOR — ADDRESS: B. L. Hopping & Son Funeral Home, Annapolis, Maryland.

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JAN 14 1
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7927 Wis. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 7927 Wis. Ave.

3. NAME OF DECEASED (Type or Print) (First) CATHARINE (Middle) B. (Last) ROYAL

4. DATE OF DEATH (Month) Jan. (Day) 11, (Year) 1952

5. SEX: Female — FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 11, 1890
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Goverment Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Clerk
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jacob B. Blyholder
14. MOTHER'S MAIDEN NAME: Catharine Painter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Charles E. Blyholder, 5617 Rural St. Pittsburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple myeloma — 1½ years

141X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Squamous cell carcinoma tongue 3 years

19a. DATE OF OPERATION: 4/17/51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of tongue. No metastases
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to Jan 11, 1952, that I last saw the deceased alive on Jan 10, 1952 and that death occurred at 5:10 P m., from the causes and on the date stated above.

SIGNATURE: E. W. Nicklas (Degree or title) M.D. — ADDRESS: 2200-19th St. Wash. D.C. — DATE SIGNED: 1/11/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan. 14, 1952 — NAME OF CEMETERY OR CREMATORY: Union — LOCATION (City, town, or county) (State): Irwin (Westmoreland Co.) Penna.

DATE REC'D BY LOCAL REG.: 1/14/52 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11765

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Bethesda
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 2506 Forest Glen Road

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) Stewart (Last) Salzbrenner

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: August 24 1886

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Government

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alex Dawson

14. MOTHER'S MAIDEN NAME: Sarah Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Dr. Merton L. White, 2506 Forest Glen Road, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Lymphatic Leukemia, aleukemic — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

DUE TO

204.8 Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 10 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4, 1951, to Jan. 9, 1951, that I last saw the deceased alive on Jan. 9, 1952, and that death occurred at 4:03 p.m., from the causes and on the date stated above.

SIGNATURE: Thomas P. Curtin M.D (DEGREE OR TITLE) ADDRESS: 900 17th St. N.W DATE SIGNED: Jan 9, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/12/52

NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REG.: 1/14/52

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS: Warren E. Dumphrey, 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH 9766

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 641 Sligo Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 641 Sligo Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Susan (Last) Schrider

4. DATE OF DEATH: (Month) Jan. 18 (Day) (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/24/1868

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife - Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Colesville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hutchison

14. MOTHER'S MAIDEN NAME: Mathilda Fling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Lloyd T. Clark, 8107 Carroll Lane Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute hepatitis	1 month
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1951, to Jan. 18, 1952, that I last saw the deceased alive on Jan. 18, 1952, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE: C. Bliss, M.D. (Degree or title) ADDRESS: 6911 5th St. N.W. Wash. 12 D.C. DATE SIGNED: Jan. 18, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/21/52

NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 1/21/52

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00767

Reg. Dist. No. 3-14

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place) 1 mo 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11,021 ~~11~~ Midvale Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md
STREET ADDRESS (If rural give location) 11021 Midvale Pl.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Rose	Ann	Shearer	Jan	1st	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widow	12 Oct 1886	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nelson BALL
14. MOTHER'S MAIDEN NAME: Sarah Cozat

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT: Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocardial Infarction	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease	8 mos
	(c) Coronary Artery Sclerosis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis + Pulmonary Infarction

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not White At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 31 Dec., 1951, to 1 Jan., 1952, that I last saw the deceased alive on 31 Dec., 1951, and that death occurred at 1950 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin L. White	M.D.	9715 Georgia Ave, Silver Spring, Md	1 Jan 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial & Trans.	1/4/52	Gladesville Cemetery	Gladesville, West Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 3, 1952	Frances Potter	Warner & Pumphrey	8434 Ga. Ave. Silver Spring, Md.

VS. A15

Item 20 FilmG139 2/1/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00768

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery

City or town: Silver Spring (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Montg.

City or town: Silver Spring (If outside city or town limits, write RURAL and give nearest town)

Street No. 8401 Cedar St. (If rural, give LOCATION)

2.(a) If veteran name war: Ko

3.(a) FULL NAME: William Charles Sheehan

3.(b) Social Security Number:

4. Sex: M.

5. Color or race: W

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Mary Ellen

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 3-1889

8. AGE: Years: 63 Months: Days: If less than one day ..... hrs. ..... min.

9. Birthplace: Johnstown Pa (Town, county, and state)

10. Usual occupation: Insurance Broker

11. Industry or business:

FATHER 12. Name: Michael

13. Birthplace:

MOTHER 14. Maiden name: ?

15. Birthplace:

16. Informant: James Arthur Sheehan

Address: 8219 14th Ave Hyattsville

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Jan 28-52 Md (month) (day) (year)

Cemetery or crematory: Holy Cross

Location: Phila. Pa

18. Funeral director: Goldberg Funeral Home

Address: 4217 - 9th St. NW

19. 1/24/52 (Date rec'd by registrar) 19 Frances Potter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 23 1952 at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 23 1952 to ..... 19..... and that I last saw him alive on Jan 23, 1952

Immediate cause of death: Congestive Heart failure — DURATION: 1 week

Due to: Chronic Myocarditis

Due to: undetermined

Other conditions: 432.2 (Include pregnancy within 3 months of death)

Major findings of operations: — Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: George L. Bell M. D. or other

Address: 7835 Eastern Ave Date signed: Jan 23 1952

Silver Spring Md

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jan 23, 1952

At Brackett, coroner
Montgomery County,
called by phone concerning
details of death. He
authorized my signing
this certificate

[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

769

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; MARYLAND; LENGTH OF STAY (in this place) 22 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 504 Chillum Rd., Apt. 102

3. NAME OF DECEASED (Type or Print): (First) Eleanor; (Middle) —; (Last) Sheets

4. DATE OF DEATH: (Month) 1; (Day) 13; (Year) 1952

5. SEX: Fe

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Apr. 10 1870

9. AGE last birthday: 81 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: D.D.T. Cowen

14. MOTHER'S MAIDEN NAME: Anna Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral compression, Left Frontal Tumor — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral hemorrhage — 22 days

(c) Cerebral arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1951, to Jan. 13, 1952, that I last saw the deceased alive on Jan. 12, 1952, and that death occurred at 7A. m., from the causes and on the date stated above.

SIGNATURE: Samuel M. Wagaman, M.D. (Degree or title) ADDRESS 7600 N. Hampshire Ave. DATE SIGNED 1/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF: JAN 16, 1952; NAME OF CEMETERY OR CREMATORY: Ft. Steuben Burial Estate; LOCATION (City, town, or county): Steubenville, (State) Ohio

DATE REC'D BY LOCAL REG. 1/13/52; REGISTRAR'S SIGNATURE: J. Melvin Dodd

24. FUNERAL DIRECTOR: J. Arthur Stallings; ADDRESS 254 Carroll St. N.W. Takoma Park 12, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5900 Amisten Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 5900 Amisten Rd.

3. NAME OF DECEASED (Type or Print): (First) BYRON (Middle) LEE (Last) SHENTON

4. DATE OF DEATH (Month) Jan. (Day) 1, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6 Jan. 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months 11, Days 25, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.- Pa. R.R.

10b. KIND OF BUSINESS OR INDUSTRY: Pa. R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: William Shenton

14. MOTHER'S MAIDEN NAME: Mary Ensley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Wm. J. Tickner & Sons, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 2 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Hypertensive Heart Disease — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/ 6, 19 51, to 1/1, 19 52, that I last saw the deceased alive on 12/31, 19 51, and that death occurred at 12 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Brennan — ADDRESS: Bethesda Md — DATE SIGNED: 1/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/3/52 — NAME OF CEMETERY OR CREMATORY: Lorraine Pk. Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 1/2/52 — REGISTRAR'S SIGNATURE: Jessie M. Thompson — 24. FUNERAL DIRECTOR ADDRESS: Wm. J. Tickner & Sons, Baltimore 17, Md.

STATE OF MARYLAND—CERTIFICATE OF DEATH 772

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. No. 1

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Bethesda No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 Weeks mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME OTEIDA CONRAD SMITH

(a) Residence: No. 5503 Lamberth Rd. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Conrad Smith

6. DATE OF BIRTH (month, day, and year) April 23, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hazelton, Pa.
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs Arthur Cox
(Address) 5503 Lamberth Rd. Beth., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Removal [illegible] Date 1-6-52, 19

19. UNDERTAKER Robert W. Dunphrey
(Address) Bethesda, Md.

20. FILED 1/6/52, 19 Bessie [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 5, 1952
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12-29-, 1951, to 1-5-, 1952.

I last saw h.. alive on 1-5-, 1952; death is said to have occurred on the date stated above, at 9 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	10-5-51
Carcinoma of Cervix	1945

Other Contributory Causes of importance:

NIX	

Name of operation D+C Date of 1946

What test confirmed diagnosis? D+C Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Roger Kurtz M.D.

(Address) 3130 Wisconsin Ave. N.W. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JAN 10 1952 BUREAU E.S.

CHO COPY SENT TO LOCAL REGISTRAR No. ___ DATE 1/10/52

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06773

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ashton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Florence (Last) Smith

4. DATE OF DEATH: (Month) January (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-27-71

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Bolgiano

14. MOTHER'S MAIDEN NAME: Margaret Casperson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Basal cell carcinoma of scalp — Interval between onset and death: 5 yrs.

191X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with extension into st. antrum

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1950, to Jan., 1952, that I last saw the deceased alive on Jan 8, 1952, and that death occurred at 4:50 A m., from the causes and on the date stated above.

SIGNATURE: A. D. Bonifant — (Degree or title) M. D. — ADDRESS: Sandy Spring Md. — DATE SIGNED: 1/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Interment — DATE THEREOF: 1/11/52 — NAME OF CEMETERY OR CREMATORY: Riverview Cemetery — LOCATION (City, town, or county) (State): Wilmington Delaware

DATE REC'D BY LOCAL REG.: 1-10-52 — REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Warner E Pumphrey — ADDRESS: Silver Spring Md.

VS-A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1874

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Takoma Park
LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 823 Underwood St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Anastasia (Last) Snow

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1952

5. SEX: Fe.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-25-97

9. AGE last birthday: 54 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? Amer

13. FATHER'S NAME: James Callan

14. MOTHER'S MAIDEN NAME: Susan Cumberland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital records Takoma Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) UREMIA — Interval between onset and death: 2 WEEKS

DUE TO

Antecedent cause(s) 443X
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) HYPERTENSIVE HEART DISEASE. — Interval between onset and death: APPROX. 1 YEAR

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death: CORONARY THROMBOSIS & MYOCARDIAL INFARCTION

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME (Month) (Day) (Year) (Hour) OF INJURY: — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from DEC. 16, 1951, to JAN. 28, 1952, that I last saw the deceased alive on JAN. 28, 1952, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Samuel Fuhrman, M.D. 1414 UNDERWOOD ST. NW WASHINGTON D.C. — 1-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): —
DATE THEREOF: 1/31/52
NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cem
LOCATION (City, town, or county) (State): Prince Georges Co. Md.

DATE REC'D BY LOCAL REG.: 1/29/52
REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR: The S. H. Hines Co.
ADDRESS: 2901-14th St. N.W. Washington D.C.

JAN
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AID

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural — LENGTH OF STAY (in this place) 1 mo 24 das.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS (If rural, give location) U.S. Naval Air Station (MOQ) ✓

3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle) Cecilia	(Last) SPARKS	4. DATE OF DEATH	(Month) January (Day) 14, (Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 4, 1887	9. AGE last birthday 64 yrs.	If under 1 year Months 03 Days 10 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY - - - - - - -	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Not known	14. MOTHER'S MAIDEN NAME Not known				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - -	16. SOCIAL SECURITY No. - - - - - - -	17. INFORMANT AND ADDRESS Son: Robert R. SPARKS,			

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	METASTATIC CARCINOMA TO SPINE	2½ mos.
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	CARCINOMA OF BREAST	2 yrs.
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PARAPLEGIA

19a. DATE OF OPERATION Nov. 21, 1951	19b. MAJOR FINDINGS OF OPERATION METASTATIC CARCINOMA TO THORACIC SPINE	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1951, to Jan. 14, 1952, that I last saw the deceased alive on Jan. 14, 1952, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. P. Thelen			
E. P. THELEN, LCDR, MC, USN		U.S. NAVAL HOSPITAL, BETHESDA, MD.	Jan. 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Cremation	DATE THEREOF Jan. 15, 1952	NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory	LOCATION (City, town, or county) (State) Suitland, Maryland.
DATE REC'D BY LOCAL REG. Jan. 14, 1952	REGISTRAR'S SIGNATURE Edith Whittington	24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.	ADDRESS

RECEIVED
JUN 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00776

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia; COUNTY: Norfolk
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Portsmouth
STREET ADDRESS (If rural, give location): 190 Morris Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Earl (Last) SPEAR
4. DATE OF DEATH: (Month) January (Day) 4, (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: June 7, 1923
9. AGE last birthday: 28 yrs. If under 1 year: Months 06 Days 27 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Petty Officer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George SPEAR
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. - - - - - - - - -
17. INFORMANT AND ADDRESS: Wife: Leba Jeane SPEAR,

18. MEDICAL CERTIFICATION: same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral laceration due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Comminuted fracture of skull

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway
(CITY OR TOWN) (COUNTY) (STATE): 1 mi. south Bel Alton, Charles, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): 1-2-52 3:30 A m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR?: Auto Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ( ), Inspection X, Inquiry ( ) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ( ), accident X, suicide ( ), homicide ( ), undetermined ( ).*

SIGNATURE (Degree or title): Frank J. Broschart
Frank J. Broschart, M.D.
ADDRESS: Gaithersburg, Md
DATE SIGNED: Jan 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: Jan. 5, 1952
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Anderson, Indiana

DATE REC'D BY LOCAL REG.: Jan. 4, 1952
REGISTRAR'S SIGNATURE: Neil Washington
24. FUNERAL DIRECTOR ADDRESS: Robert A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00777

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 Waterford Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 301 Waterford, Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	John	A.	Steely		Jan.	2	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White		11/3/51	yrs.	1	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Washington, D. C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lewis R. Steely	Elsie Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mr. Lewis R. Steely, 301 Waterford Road Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to Vomitus — Found dead in crib

921.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Had been ill a short time before death.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection _, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bronstrup M.D.		Gaithersburg Md	1-3-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/4/52	Colesville Cemetery	Montgomery County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-4-52	Frances Potter	Maynard E. Humphrey	8434 Ga. Ave. Silver Spring, Maryland

VS-A15A

IVX 199V49V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Monty. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanit.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 422 Etwan Allen Ave.

3. NAME OF DECEASED (Type or Print) (First) Matilda (Middle) A. H. (Last) Stevens
4. DATE OF DEATH (Month) Jan. (Day) 6 (Year) 1952
5. SEX Fe
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 10/28/1867
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Slimm
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Takoma Pk. Md. Margaret E. Zea, 422 Etwan Allen Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Urinary Bladder — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

181 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1, 1951, to 6 Jan., 1952, that I last saw the deceased alive on 5 Jan., 1952, and that death occurred at 4 45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G B Rivers M.D. 7112 Willow Ave Takoma Park, Md. 6 Jan 1952

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 1/9/52
NAME OF CEMETERY OR CREMATORY Congressional Cem.
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 1/6/52
REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR Shelf L. Hines Co. 2901 14th St. N.W. Wash. D.C.
ADDRESS

00779

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 310 St. Lawrence Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 310 St. Lawrence Dr

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Thomas (Last) Stewart
4. DATE OF DEATH (Month) Jan (Day) 6 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 9/25/50
9. AGE last birthday 1 yrs. If under 1 year Months 3 Days 11 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Wash DC.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles T. Stewart
14. MOTHER'S MAIDEN NAME Dorothy McDonald
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Silver Spring, Md. Chas. T. Stewart, 310 St. Lawrence Drive,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to strangulation

936. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in crib

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 6-52-11:35 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Venetian blind cord found about neck

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes __, accident X, suicide __, homicide __, undetermined __.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-6-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 8, 1952
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington County, Va.
DATE REC'D BY LOCAL REG. 1/8/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Dr. Lowden Phone 01-2937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Maple Lane Sanitarium Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4301-Rosedale Ave

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) (Last) Teeple
4. DATE OF DEATH (Month) Jan. (Day) 24 (Year) 1952

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 11-8-62
9. AGE last birthday 89 yrs. If under 1 year Months 2 Days 16 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Bobsville Conn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Luby
14. MOTHER'S MAIDEN NAME Catherine Luby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS C. L. Streter 4301-Rosedale Ave Bethesda Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary sclerosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 24, 1952 to Jan. 24, 1952 that I last saw the deceased alive on Jan. 24, 1952 and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE Henry Lowden (Degree or title) M.D. ADDRESS 1663 19th St. N.W. Washington, D.C. DATE SIGNED 1/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 1-25-52
NAME OF CEMETERY OR CREMATORY Walnut Grove Cem.
LOCATION (City, town, or county) Meriden (State) Conn

DATE REC'D BY LOCAL REG. 1/25/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR H. H. Chambers ADDRESS 1400 Chapin N.W. Washington D.C.

Coroner Notified O.K.

RECEIVED
JAN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 4 mo 11 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 2703 Nicholson Street

3. NAME OF DECEASED (Type or Print): (First) Faythe (Middle) Remick (Last) THOMAS

4. DATE OF DEATH: (Month) January (Day) 1, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 2, 1925

9. AGE last birthday: 26 yrs. If under 1 year: Months 05 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Herman A. REMICK

14. MOTHER'S MAIDEN NAME: Lillian WORMSTEDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war, or dates of service): WW II

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT AND ADDRESS: Husband: Norwood J. THOMAS,

18. MEDICAL CERTIFICATION: same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): HODGKIN'S DISEASE — Interval Between Onset and Death: 4 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b):
(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN):
(COUNTY):
(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 20, 1951, to Jan 1, 1952, that I last saw the deceased alive on Jan. 1, 1952, and that death occurred at 5:40 P m., from the causes and on the date stated above.

SIGNATURE: H. E. REITZ, SDR, MC, USN
(Degree or title)
ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD.
DATE SIGNED: January 2, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Jan. 4, 1952
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Jan. 2, 1952
REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Md.

1952

U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00782

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington.
STREET ADDRESS (If rural, give location) 4520 Chesapeake St. NW.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) G. (Last) Tolson

4. DATE OF DEATH: (Month) Jan. (Day) 28, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 27, 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months 11, Days 29. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator, Retired

10b. KIND OF BUSINESS OR INDUSTRY: Motion Pictures

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Tolson.

14. MOTHER'S MAIDEN NAME: Mary L. Summers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: R.E. Tolson, 1635 Jonquil St. NW. Wash., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal hemorrhage — Interval Between Onset and Death: 2 hrs

Antecedent cause(s) (b) Intestinal Obstruction — 2 days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ventral Hernia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2, 1951, to 1/28, 1952, that I last saw the deceased alive on 1/26, 1952, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

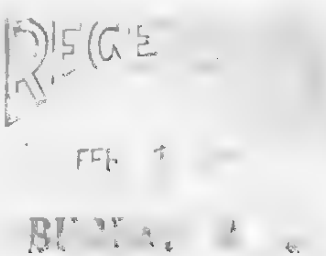
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. Tolson MD Sandy Spring MD 1/28/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE: Jan 31, 1952 NAME OF CEMETERY OR ~~CREMATORY~~: Cedar Hill LOCATION (City, town, or county) (State): Prince George Cy., Md.

DATE REC'D BY LOCAL REG. 1-28-52 REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: W.W. Chambers Co. ADDRESS: 3072 - M St. NW Wash., D.C.



Item 8 FilmG137 1/9/52 whw

00783

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase.
LENGTH OF STAY (in this place): 14 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8 W. Lenox St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): # 8 West Lenox St.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) AGNES (Last) TUMULTY
4. DATE OF DEATH: (Month) JAN (Day) 3 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: JAN 10 18[illegible]
9. AGE last birthday: 71 yrs. If under 1 year: Months 11 Days 27 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Jersey City. New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME: Joseph Patrick
14. MOTHER'S MAIDEN NAME: Mary Agnes. Byrne.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: D. F. A. Coulfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arterio-Sclerosis.	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Subarachnoid Hemorrhage	3 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1952, to Jan 3, 1952, that I last saw the deceased alive on Jan 3, 1952 and that death occurred at 12 25 A m., from the causes and on the date stated above.

SIGNATURE: Philip A. Caulfield (Degree or title) M.D. ADDRESS: [illegible] DATE SIGNED: Jan 3 1952

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF: 1/5/52
NAME OF CEMETERY OR CREMATORY: St Mary's
LOCATION (City, town, or county) (State): Rockville Md.

DATE REC'D BY LOCAL REG. 1/3/52
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Joseph Gawler's Son
ADDRESS: 1758 Pa Ave NW Wash D.C.

NS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) R.A.D. #1

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) (Last) Tyler

4. DATE OF DEATH: (Month) Jan. (Day) 22 (Year) 1952

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 8-6-83
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henson Tyler
14. MOTHER'S MAIDEN NAME: Henrietta Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Margaret King - 601 - I. St. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral embolism thrombosis
332 X
Antecedent cause(s) DUE TO (b) Prolonged bed rest
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Prolonged inanition

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION: Dec 12, 1951
19b. MAJOR FINDINGS OF OPERATION: Gangrene of right leg
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Jan 22, 1952 that I last saw the deceased alive on Jan 22, 1952, and that death occurred at 7 P.m., from the causes and on the date stated above.

SIGNATURE Wilfred W Eastman M.D. (DEGREE OR TITLE) ADDRESS 8700 Colesville Rd. Silver Spring Md DATE SIGNED Jan 24, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 1/25/52. NAME OF CEMETERY OR CREMATORY Robert 1 County Home LOCATION (City, town or county) Rockville Md (State)

DATE REC'D BY LOCAL REG. 1/25/52 REGISTRAR'S SIGNATURE Bessie M. Thompson 24. FUNERAL DIRECTOR Robert F. Snowden ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
JAN 30
BUREAU

Item 21 Film G139 1-29-52 ams

00785

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1510 44th St. N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Francis	S.	Walter		20	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Mar 27 1909	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer		Wash. DC.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis Walter	Helen O'Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes WW II	-	Evelyn Walter 3133 Conn. Ave. N.W. DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Shock due to hemorrhage	46 hrs.
825.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) from crushed chest (rt.)	
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Bethesda	Monty	md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
Jan 18-52-7:24 A m.		Auto accident. (1-29-52 ams)

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M. D.	Gaithersburg md	1-20-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/22/52	Rock Creek	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/21/52	Bessie M. Thompson	Martin W. Hyong Co.,	1300 "N" st. N.W. Wash., D.C.

RECEIVED
JAN 23 1962
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0785

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monts
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E (Last) Walker

4. DATE OF DEATH: (Month) January (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 11-21-67

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ulysses Bond

14. MOTHER'S MAIDEN NAME: Harriette Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval between onset and death: 2 days

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intestinal ileus, post operative — 3 days

19a. DATE OF OPERATION: 1/16/52

19b. MAJOR FINDINGS OF OPERATION: Retroperitoneal appendix - chronic appendicitis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to 1/20, 1952, that I last saw the deceased alive on 1/20, 1952, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Dixon MD ADDRESS Sandy Spring, Md. DATE SIGNED 1/21/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-23-52 — NAME OF CEMETERY OR CREMATORY Sandy Spring — LOCATION (City, town, or county) Sandy Spring (State) Md.

DATE REC'D BY LOCAL REG. 1-23-52 — REGISTRAR'S SIGNATURE Gertrude B Lamb

24. FUNERAL DIRECTOR Robert T. Brooke — ADDRESS Ashton Md

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FEB 1 1952
BUREAU V.

00787

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 55 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7307 Baltimore Avenue	STREET ADDRESS (If rural, give location) 7307 Baltimore Avenue

3. NAME OF DECEASED (Type or Print)	(First) DONALD	(Middle) M.	(Last) WALLACE	4. DATE OF DEATH	(Month) JAN (Day) 27 (Year) 1952.
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 17, 1867	9. AGE last birthday 84 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter - Retired	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Scotland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Wallace	14. MOTHER'S MAIDEN NAME Margaret McCleren				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs. Jessie Wallace, 7307 Baltimore Ave. Tak Park Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senile Arteriosclerosis, Generalized — 10 years.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1949, to 27 JAN, 1952, that I last saw the deceased alive on 26 Jan., 1952, and that death occurred at 4 10 A m., from the causes and on the date stated above.

SIGNATURE G B Quelle (Degree or title) M.D. ADDRESS 7112 Willow Ave TAKOMA PARK, Md DATE SIGNED 27 Jan 1952.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Jan 29, 1952	NAME OF CEMETERY OR CREMATORY George Washington Cemetery	LOCATION (City, town, or county) Riggs Rd. Prince Georges Co. (State) Md.
DATE REC'D BY LOCAL REG. 1/27/52	REGISTRAR'S SIGNATURE J. Wilson Dodd	24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW. Takoma Park 12 D.C.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 15

788

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2904 Carlton Avenue, N.E.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Norman (Last) WARE

4. DATE OF DEATH: (Month) January (Day) 21, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 24, 1892

9. AGE last birthday: 59 yrs. If under 1 year: Months 00 Days 2. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enlisted Man

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Melvin M. WARE

14. MOTHER'S MAIDEN NAME: Mary J. HARDAGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT AND ADDRESS: Wife: Helen WARE,

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pyelonephritis, chronic — Interval between onset and death: 3 yrs. +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease — 3 yrs. +

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1951, to Jan. 21, 1952, that I last saw the deceased alive on Jan. 21, 1952, and that death occurred at 4:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D. O'Hanlan — D. O'HANLAN, LT, MC, USN — U.S. NAVAL HOSPITAL, BETHESDA, MD. — Jan. 21, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Jan. 24, 1952 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Jan. 21, 1952 | REGISTRAR'S SIGNATURE: Edna Tollington

24. FUNERAL DIRECTOR ADDRESS: P. J. Saffell Funeral Home, 475 H Street, N.W., Washington, D. C.

JAN 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9700 Bristol St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9700 Bristol St.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) C. (Last) Warren
4. DATE OF DEATH (Month) 1 (Day) 30 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Dec 14, 1874
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Front Royal Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Geo. Conrad
14. MOTHER'S MAIDEN NAME: Anna Spink
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Ann Raymond. 9700 Bristol

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho pneumonia. — 4 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arterio-sclerosis — ?

(c) Generalized arterio-sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old hemiplegia.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about, 1945, to Jan. 30, 1952, that I last saw the deceased alive on Jan. 29, 1952, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

SIGNATURE: Walter K. Angevine (Degree or title) M.D. ADDRESS: 6300-13th St., N.W., Wash. 11, D.C. DATE SIGNED: 1/30/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2-1-52 — NAME OF CEMETERY OR CREMATORY: Front Royal Va — LOCATION (City, town, or county) (State): Va

DATE REC'D BY LOCAL REG.: 1/30/52 — REGISTRAR'S SIGNATURE: Frances [illegible] — 24. FUNERAL DIRECTOR: W K Huntsman & Son — ADDRESS: 5732 Ga Ave

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FEB 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7929 Wisconsin Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 14th & Clifton Sts, N.W. Apt.401, Clifton Terrace Apts.

3. NAME OF DECEASED (Type or Print): (First) MARIE (Middle) Van Riper (Last) WATTS
4. DATE OF DEATH: (Month) JAN (Day) 13 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-11-1881
9. AGE last birthday: 70 yrs. If under 1 year: Months 8, Days 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Muskegon, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Charles Van Riper
14. MOTHER'S MAIDEN NAME: Mary Guernsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577-03-9630
17. INFORMANT AND ADDRESS: Mrs. Minier Hostetler - Glen Road, Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage - (left) — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis generalized severe — 2-3 years

3-1X

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

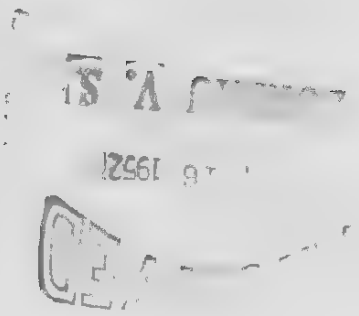
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Oct, 1951, to 13 Jan, 1952, that I last saw the deceased alive on 9 Jan, 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leonard E. Peterson MD. ADDRESS 915-19th St NW DC. DATE SIGNED 13 Jan 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan. 15-1952
NAME OF CEMETERY OR CREMATORY: Potomac Church
LOCATION (City, town, or county) (State): Potomac, Montg. Co. Md.

DATE REC'D BY LOCAL REG. 1/14/52
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: Bethesda, Md.



MARYLAND STATE DEPARTMENT OF HEALTH 00791

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Arlington Road and Hampden Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; STREET ADDRESS (If rural, give location) 19 Dresden Street

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Barton (Last) WELLS

4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 5-8-1875

9. AGE last birthday: 76 yrs. If under 1 year: Months 7 Days 28 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Railroad Offic

11. BIRTHPLACE (State or foreign country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Wells

14. MOTHER'S MAIDEN NAME: Lydia Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 702-03-4283

17. INFORMANT: Mrs. M.B.Wells-Same as Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min. following slight auto accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: Frank J. Bouchat (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 1-4-52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF: 1/7/52 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG. 1/5/52 | REGISTRAR'S SIGNATURE: Bessie M. Thompson | 24. FUNERAL DIRECTOR: Robert G. Humphrey | ADDRESS: Bethesda, Md.

VS.-A15A

Item 9 Film G139 2/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

792

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS River Rd. (Clippers Lane)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) River Rd - (Clippers Lane)

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) E. (Last) White

4. DATE OF DEATH (Month) Jan. (Day) 29 (Year) 1952

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 1, 1884
9. AGE last birthday 69 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Darnestown, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jack Clipper
14. MOTHER'S MAIDEN NAME Martha Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS George White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocardial insufficiency - 2 yrs.

4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 3 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 1952, to Jan. 28, 1952, that I last saw the deceased alive on Jan. 28, 1952, and that death occurred at 11:45 A.m., from the causes and on the date stated above.

SIGNATURE Wheeler O. Huff (Degree or title) ADDRESS 4529 Maple Ave. Bethesda 14, Md. DATE SIGNED Jan. 31-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/2/52
NAME OF CEMETERY OR CREMATORY Seneca,
LOCATION (City, town, or county) (State) Seneca, Md

DATE REC'D BY LOCAL REG. 2/4/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert L. Snowden - Rockville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1

FEB 6 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 4333 4th Street, S.E. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
(none)	(none)	WHITLOW	January 30, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Jan. 30, 1952	00 yrs.	00	00	23	57

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas J. WHITLOW
14. MOTHER'S MAIDEN NAME: Mary Jane BENNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO. - - - - - - - - -
17. INFORMANT AND ADDRESS: Father: Thomas J. WHITLOW,

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Atelectasis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 1952, to Jan. 30, 1952, that I last saw the deceased alive on Jan. 30, 1952, and that death occurred at 9:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P. W. Schneider
P. W. SCHNEIDER, LT, MC, USN — U.S. NAVAL HOSPITAL, BETHESDA, MD. — Feb. 1, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 1, 1952	USN Medical School	Bethesda, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb. 1, 1952	Edith Whittington	NONE

1 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 4 1952
BUREAU V. S.

VS-A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] and legible.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00795

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 7007 Brookville Rd.

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) H. (Last) Woolsey

4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 11-15-77

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 2 Days 2 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): Millerton, New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David Hamblin

14. MOTHER'S MAIDEN NAME: Sarah Rowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: LESTER H. WOOLSEY - SAME AS ITEM #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute congestive Heart Failure	48 hrs.
420.1 Antecedent cause(s)	DUE TO (b) Coronary Heart Disease	7 yrs
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 17, 1951, to Jan 17, 1952, that I last saw the deceased alive on Jan 16, 1952, and that death occurred at 3 38 A.m., from the causes and on the date stated above.

SIGNATURE Sidney C. Cousins (DEGREE OR TITLE) M.D. ADDRESS 3921 Ingomar St. N.W. Wash. DATE SIGNED 1/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Jan. 21, 1952

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) Suitland (State) Maryland

DATE REC'D BY LOCAL REG. 1/19/52

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7409 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural, give location) 7409 Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Wilson

4. DATE OF DEATH: (Month) Jan. (Day) 25 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5/20/1891

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Peoples Drug Co.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James E. Wilson

14. MOTHER'S MAIDEN NAME: Nannie Cornelia Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 577-019-650

17. INFORMANT AND ADDRESS: Mrs. Lura S. Wilson, 7409 Maple Ave. Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	10 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Disease	18-20 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 46, 19 46, to 25 Jan., 19 52, that I last saw the deceased alive on 24 Jan., 19 52, and that death occurred at 5 15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. B. Fuller M.D. 7112 Willow Ave. Takoma Park, Md. 25 Jan 1952.

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 1/29/52; NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery; LOCATION (City, town, or county) (State): Arlington County Va.

DATE REC'D BY LOCAL REG.: 1/28/52; REGISTRAR'S SIGNATURE: J. Nelson Dodd; M. FUNERAL DIRECTOR: Warner C. Pumphrey; ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 30 1952
BUREAU V. S.